



BID NO.: 8441-4/12

**OPENING: 2:00 P.M.
WEDNESDAY
SEPTEMBER 5, 2007**

MIAMI-DADE COUNTY, FLORIDA

**I N V I T A T I O N
T O B I D**

**TITLE
MEDICAL SUPPLIES**

THE FOLLOWING ARE REQUIREMENTS OF THIS BID, AS NOTED BELOW:

BID DEPOSIT AND PERFORMANCE BOND:	N/A
CATALOGUE AND LISTS:	N/A
CERTIFICATE OF COMPETENCY:	N/A
EQUIPMENT LIST:	N/A
EXPEDITED PURCHASING PROGRAM (EPP)	N/A
INDEMNIFICATION/INSURANCE:	N/A
LIVING WAGE:	N/A
PRE-BID CONFERENCE/WALK-THRU:	N/A
SMALL BUSINESS ENTERPRISE MEASURE:	See Section 2, Paragraph 2.2
SAMPLES/INFORMATION SHEETS:	See Section 2, Paragraph 2.9, 2.26
SECTION 3 – MDHA:	N/A
SITE VISIT/AFFIDAVIT:	N/A
USER ACCESS PROGRAM:	See Section 2, Paragraph 2.21
WRITTEN WARRANTY:	N/A

FOR INFORMATION CONTACT:

Theresa (Tessie) Wilson at twilson@miamidade.gov

IMPORTANT NOTICE TO BIDDERS:

**MIAMI-DADE COUNTY
DEPARTMENT OF PROCUREMENT MANAGEMENT
PURCHASING DIVISION**

**FAILURE TO COMPLETE THE CERTIFICATION REGARDING LOCAL PREFERENCE ON
PAGE 57 OF SECTION 4, BID SUBMITTAL FORM SHALL RENDER THE VENDOR
INELIGIBLE FOR LOCAL PREFERENCE**

**FAILURE TO SIGN PAGE 57 OF SECTION 4, BID SUBMITTAL FORM WILL RENDER
YOUR BID NON-RESPONSIVE**



MIAMI-DADE COUNTY, FLORIDA

INVITATION TO BID

Bid Number: 8441-4/12

Title: Medical Supplies

Sr. Procurement Contracting Agent: Theresa (Tessie) Wilson, CPPB

Bids will be accepted until 2:00 p.m. on Wednesday, September 5, 2007

Bids will be publicly opened. The County provides equal access and does not discriminate on the basis of disability in its programs or services. It is our policy to make all communication available to the public, including those who may be visually or hearing impaired. If you require information in a non-traditional format please call 305-375-5278.

Instructions: Each Bid submitted to the Department of Procurement Management shall have the following information clearly marked on the face of the envelope: the Bidders name, return address, Bid number, opening date of the Bid and the title of the Bid. Included in the envelope shall be an original and three copies of the Bid Submittal, plus attachments if applicable. Failure to comply with this requirement may result in your Bid not being considered for award.

All Bids must be submitted in a sealed envelope or container and will be opened promptly at the time indicated in this solicitation document. Any Bid received after the first Bid has been opened will be returned to the Bidder unopened. The County does not accept responsibility for delays, natural or otherwise.

NOTICE TO ALL BIDDERS:

- **FAILURE TO SIGN THE BID SUBMITTAL FORM WILL RENDER YOUR BID NON-RESPONSIVE.**
- **THE BID SUBMITTAL FORM CONTAINS IMPORTANT CERTIFICATIONS THAT REQUIRE REVIEW AND COMPLETION BY ANY VENDOR RESPONDING TO THIS SOLICITATION**

SECTION 1

GENERAL TERMS AND CONDITIONS

1.1. DEFINITIONS

Bid – shall refer to any offer(s) submitted in response to this solicitation.
Bidder – shall refer to anyone submitting a Bid in response to this solicitation.

Bid Solicitation – shall mean this solicitation documentation, including any and all addenda.

Bid Submittal Form – defines the requirement of items to be purchased, and must be completed and submitted with Bid. The Bidder should indicate its name in the appropriate space on each page.

County – shall refer to Miami-Dade County, Florida

DPM – shall refer to Miami-Dade County's Department of Procurement Management, Purchasing Division.

Enrolled Vendor – **EFFECTIVE JULY 8, 2002**, shall refer to a firm that has completed the necessary documentation in order to receive Bid notifications from the County, but has not yet registered.

Registered Vendor – shall refer to a firm that has completed the Miami-Dade County Business Entity Registration Application and has satisfied all requirements to enter in to business agreements with the County.

For additional information about on-line vendor enrollment or vendor registration contact the Vendor Assistance Unit at 111 N.W. 1st Street, 13th Floor, Miami, FL 33128, Phone 305-375-5773. **EFFECTIVE JULY 1, 2002**, vendors will be able to enroll and register online by visiting our web site at <http://miamidade.gov> and click on "Business".

1.2. INSTRUCTIONS TO BIDDERS**A. Bidder Qualification**

It is the policy of the County to encourage full and open competition among all available qualified vendors. All vendors regularly engaged in the type of work specified in the Bid Solicitation are encouraged to submit Bids. Vendors may enroll with the County to be included on a mailing list for selected categories of goods and services. To be eligible for award of a contract (including small purchase orders), Bidders must complete a "Miami-Dade County Business Entity Registration Application". Only Registered Vendors can be awarded County contracts. Vendors are encouraged to register with the County anytime by contacting the Vendor Information Center at 305-375-5287. The County endeavors to obtain the participation of all qualified minority and disadvantaged business enterprises. For information and to apply for certification, contact the Department of Business Development, at 111 N.W. 1 Street, 19th Floor, Miami, FL 33128-1844, or telephone at 305-375-3111. County employees wishing to do business with the County are referred to Section 2-11.1(d) of the Miami-Dade County Code.

B. Vendor Registration

To be recommended for award the County requires that vendors complete a Miami-Dade County Business Entity Registration Application with all required disclosure affidavits. The Miami-Dade County Business Entity Registration Application must be returned to the Department of Procurement Management (DPM), Purchasing Division within Fourteen (14) days of notification of the intent to recommend for award. In the event the Miami-Dade County Business Entity Registration Application is not properly completed and returned within the specified time, the County may award to next lowest responsive Bidder. The Bidder is responsible for obtaining the Miami-Dade County Business Entity Registration Application and all affidavits by downloading from DPM's website at <http://miamidade.gov> and click on "Business" or from the Vendor Assistance Unit at 111 N.W. 1st Street, Miami, FL. In becoming a Registered Vendor with Miami-Dade County, the vendor confirms its knowledge of and commitment to comply with the following:

1. Disclosure of Employment – pursuant to Section 2-8.1(d) of the County Code.
2. Disclosure of Ownership Affidavit – pursuant to Section 2-8.1(d) of the County Code.
3. Drug-Free Affidavit – pursuant to Section 2-8.1.2(b) of the County Code.

4. W-9 and 8109 Forms – The vendor must furnish these forms as required by the Internal Revenue Service.
5. Social Security Number – The vendor must provide a copy of the primary owner's social security card if the social security number is being used in lieu of the Federal Identification Number (F.E.I.N.).
6. Americans with Disabilities Act (A.D.A.) Affidavit – It is the policy of the County to comply with all requirements of County Resolution R182-00 and the A.D.A.
7. Collection of Fees, Taxes and Parking Tickets Affidavit – pursuant to Section 2-8.1 (c) of the County Code.
8. Conflict of Interest and Code of Ethics – pursuant to Sections 2-8.1(i) and 2-11.1(b) (1) through (6) and (9) of the County Code and County Ordinance No. 00-1 amending Section 2-11.1(c) of the County Code.
9. Code of Business Ethics – pursuant to Section 2-8.1(i) of the County Code.
10. Debarment Disclosure Affidavit – pursuant to County Code 10-38.
11. Office of the Inspector General Pursuant to Section 2-1076 of the County Code.
12. Minority and Disadvantaged Business Enterprises. The County endeavors to obtain the participation of all minority and disadvantaged business enterprises pursuant to Sections 2-8.2, 2-8.2.3 and 2-8.2.4 of the County Code and Title 49 of the Code of Federal Regulations.
13. Individuals and Entities Doing Business with the County not current in their obligations to the County – pursuant to Sections 2-8.1 (h) and 2-11.1(b)(8) of the County Code.
14. Nondiscrimination pursuant to Section 2-8.1.5 of the County Code.
15. Family Leave - Pursuant to Section 11A-30 of the County Code.
16. Living Wage – Pursuant to Section 2-8.9 of the County Code.
17. Domestic Leave – Pursuant to Section 11A-60 of the County Code.
18. Antitrust Laws – By acceptance of any contract, the vendor agrees to comply with all antitrust laws of the United States and the State of Florida.

C. PUBLIC ENTITY CRIMES

To be eligible for award of a contract, firms wishing to do business with the County must comply with the following:

Pursuant to Section 287.133(2)(a) of the Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Bid on a contract to provide any goods or services to a public entity, may not submit a Bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit Bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 of the Florida Statutes, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

D. Request for Additional Information

1. Pursuant to Section 2-11.1(t) of the County Code, all Bid Solicitations, once advertised and until an award recommendation has been forwarded to the appropriate authority are under the "Cone of Silence". Any communication or inquiries, except for clarification of process or procedure already contained in the solicitation, are to be made in writing to the attention of the Procurement Agent identified on the front page of the solicitation. Such inquiries or request for information shall be submitted to the procurement agent in writing and shall contain the requester's name, address, and telephone number. If transmitted by facsimile, the request should also include a cover sheet with Bidder's facsimile number. The requestor must also file a copy of this written request with the Clerk of the Board, 111 NW 1st Street, 17th Floor, suite 202, Miami, Florida 33128-1983 or email clerkbcc@miamidade.gov.
2. The Department of Procurement Management may issue an addendum in response to any inquiry received, prior to Bid opening, which changes, adds to or clarifies the terms, provisions

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or requirements of the solicitation. The Bidder should not rely on any representation, statement or explanation whether written or verbal, other than those made in this Bid Solicitation document or in any addenda issued. Where there appears to be a conflict between this Bid Solicitation and any addenda, the last addendum issued shall prevail.

3. It is the Bidder's responsibility to ensure receipt of all addenda, and any accompanying documentation. The Bidder is required to submit with its Bid a signed "Acknowledgment of Addenda" form, when any addenda have been issued.

E. Contents of Bid Solicitation and Bidders' Responsibilities

1. It is the responsibility of the Bidder to become thoroughly familiar with the Bid requirements, terms and conditions of this solicitation. Pleas of ignorance by the Bidder of conditions that exist or that may exist will not be accepted as a basis for varying the requirements of the County, or the compensation to be paid to the Bidder.
2. This solicitation is subject to all legal requirements contained in the applicable County Ordinances, Administrative Orders, and Resolutions, as well as all applicable State and Federal Statutes. Where conflict exists between this Bid Solicitation and these legal requirements, the authority shall prevail in the following order: Federal, State and local.
3. It is the responsibility of the Bidder/Proposer, prior to conducting any lobbying regarding this solicitation to file the appropriate form with the Clerk of the Board stating that a particular lobbyist is authorized to represent the Bidder/Proposer. The Bidder/Proposer shall also file a form with the Clerk of the Board at the point in time at which a lobbyist is no longer authorized to represent said Bidder/ Proposer. Failure of a Bidder/Proposer to file the appropriate form required, in relation to each solicitation, may be considered as evidence that the Bidder/Proposer is not a responsible contractor.

F. Change or Withdrawal of Bids

1. Changes to Bid - Prior to the scheduled Bid opening a Bidder may change its Bid by submitting a new Bid, (as indicated on the cover page) with a letter in writing on the firms letterhead, signed by an authorized agent stating that the new submittal replaces the original submittal. The new submittal shall contain the letter and all information as required for submitting the original Bid. No changes to a Bid will be accepted after the Bid has been opened.
2. Withdrawal of Bid - A Bid shall be irrevocable unless the Bid is withdrawn as provided herein. Only written a letter received by the DPM Purchasing Division prior to the Bid opening date may withdraw a bid. A bid may also be withdrawn ninety (90) days after the Bid has been opened and prior to award, by submitting a letter to the contact person identified on the front cover of this Bid Solicitation. The withdrawal letter must be on company letterhead and signed by an authorized agent of the Bidder.

G. Conflicts Within The Bid Solicitation

Where there appears to be a conflict between the General Terms and Conditions, Special Conditions, the Technical Specifications, the Bid Submittal Section, or any addendum issued, the order of precedence shall be: the last addendum issued, the Bid Submittal Section, the Technical Specifications, the Special Conditions, and then the General Terms and Conditions.

H. Prompt Payment Terms

1. It is the policy of Miami-Dade County that payment for all purchases by County agencies and the Public Health Trust shall be made in a timely manner and that interest payments be made on late payments. In accordance with Florida Statutes, Section 218.74 and Section 2-8.1.4 of the Miami-Dade County Code, the time at which payment shall be due from the County or the Public Health Trust shall be forty-five (45) days from receipt of a proper invoice. The time at which payment shall be due to small businesses shall be thirty (30) days from receipt of a proper invoice. All payments

due from the County or the Public Health Trust, and not made within the time specified by this section, shall bear interest from thirty (30) days after the due date at the rate of one percent (1%) per month on the unpaid balance. Further, proceedings to resolve disputes for payment of obligations shall be concluded by final written decision of the County Manager, or his or her designee(s), not later than sixty (60) days after the date on which the proper invoice was received by the County or the Public Health Trust.

2. The Bidder may offer cash discounts for prompt payments; however, such discounts will not be considered in determining the lowest price during bid evaluation. Bidders are requested to provide prompt payment terms in the space provided on the Bid submittal signature page of the solicitation.

I.3. PREPARATION OF BIDS

- A. The Bid submittal form defines requirements of items to be purchased, and must be completed and submitted with the Bid. Use of any other form will result in the rejection of the Bidder's offer.
- B. The Bid submittal form must be legible. Bidders shall use typewriter, computer or ink. All changes must be crossed out and initialed in ink. Failure to comply with these requirements may cause the Bid to be rejected.
- C. An authorized agent of the Bidder's firm must sign the Bid submittal form. **FAILURE TO SIGN THE BID SUBMITTAL FORM SHALL RENDER THE BID NON-RESPONSIVE.**
- D. The Bidder may be considered non-responsive if bids are conditioned to modifications, changes, or revisions to the terms and conditions of this solicitation.
- E. The Bidder may submit alternate Bid(s) for the same solicitation provided that such offer is allowable under the terms and conditions. The alternate Bid must meet or exceed the minimum requirements and be submitted on a separate Bid submittal marked "Alternate Bid".
- F. When there is a discrepancy between the unit prices and any extended prices, the unit prices will prevail.
- G. Please be advised that the County, in exercise of its discretion, may not accept bids and/or proposals received after the scheduled time and date. Sealed bids/proposals will be opened promptly at the time and place specified. The responsibility for submitting a sealed bid/proposal on or before the stated time and date is solely and strictly the responsibility of the Bidder/Proposer. Miami-Dade County is not responsible for delays caused by any mail, package or couriers service, including the U.S. Mail, or caused by any other occurrence.

I.4. CANCELLATION OF BID SOLICITATION

Miami-Dade County reserves the right to cancel, in whole or in part, any Invitation to Bid when it is in the best interest of the County.

I.5. AWARD OF BID SOLICITATION

- A. This Bid may be awarded to the responsible Bidder meeting all requirements as set forth in the solicitation. The County reserves the right to reject any and all Bids, to waive irregularities or technicalities and to re-advertise for all or any part of this Bid Solicitation as deemed in its best interest. The County shall be the sole judge of its best interest.
- B. When there are multiple line items in a solicitation, the County reserves the right to award on an individual item basis, any combination of items, total low Bid or in whichever manner deemed in the best interest of the County.
- C. The County reserves the right to reject any and all Bids if it is determined that prices are excessive, best offers are determined to be unreasonable, or it is otherwise determined to be in the County's best interest to do so.
- D. The County reserves the right to negotiate prices with the low bidder, provided that the scope of work of this solicitation remains the same.
- E. Award of this Bid Solicitation will only be made to firms that have completed the Miami-Dade County Business Entity Registration Application and that satisfy all necessary legal requirements to do

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business with Miami-Dade County. Firms domiciled in Miami-Dade County must present a copy of their Miami-Dade County issued Occupational License.

- F. Pursuant to County Code Section 2-8.1(g), the Bidder's performance as a prime contractor or subcontractor on previous County contracts shall be taken into account in evaluating the Bid received for this Bid Solicitation.
- G. To obtain a copy of the Bid tabulation, Bidder(s) shall enclose an appropriately sized self-addressed stamped envelope. Bid results will not be given by telephone or facsimile. Please allow ten (10) calendar days after Bid opening for mailing.
- H. The Bid Solicitation, any addenda and/or properly executed modifications, the purchase order, and any change order(s) shall constitute the contract.
- I. In accordance with Resolution R-1574-88 the Director of Purchasing Division will decide all tie Bids.
- J. Award of this Bid may be predicated on compliance with and submittal of all required documents as stipulated in the Bid Solicitation.

1.6. CONTRACT EXTENSION

- A. The County reserves the right to exercise its option to extend a contract for up to one hundred-eighty (180) calendar days beyond the current contract period and will notify the contractor in writing of the extension.
- B. This contract may be extended beyond the initial one hundred-eighty (180) day extension period upon mutual agreement between the County and the successful Bidder(s) upon approval by the Board of County Commissioners.

1.7. WARRANTY

All warranties, express and implied, shall be made available to the County for goods and services covered by this Bid Solicitation. All goods furnished shall be fully guaranteed by the successful Bidder against factory defects and workmanship. At no expense to the County, the successful Bidder shall correct any and all apparent and latent defects that may occur within the manufacturer's standard warranty. The Special Conditions of the Bid Solicitation may supersede the manufacturer's standard warranty.

1.8. ESTIMATED QUANTITIES

Estimated quantities or dollars are for Bidder's guidance only: (a) estimates are based on the County's anticipated needs and/or usage during a previous contract period and; (b) the County may use these estimates to determine the low Bidder. Estimated quantities do not contemplate or include possible additional quantities that may be ordered by other government, quasi-government or non-profit entities utilizing this contract under the Joint Purchase portion of the County User Access Program (UAP) described in Section 2.21 of this contract solicitation and the resulting contract, if that section is present in this solicitation document. No guarantee is expressed or implies as to quantities or dollars that will be used during the contract period. The County is not obligated to place any order for the given amount subsequent to the award of this Bid Solicitation.

1.9. NON-EXCLUSIVITY

It is the intent of the County to enter into an agreement with the successful Bidder that will satisfy its needs as describe herein. However, the County reserves the right as deemed in its best interest to perform, or cause to be performed, the work and services, or any portion thereof, herein described in any manner it sees fit, including but not limited to: award of other contracts, use of any contractor, or perform the work with its own employees.

1.10. LOCAL PREFERENCE

The evaluation of competitive bids is subject to Section 2-8.5 of the Miami-Dade County Code, which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. A local business shall be defined as:

1. a business that has a **valid** occupational license, issued by Miami-Dade County **at** least one year prior to bid or proposal submission, **that** is appropriate for the goods, services or construction **to** be purchased;
2. a business that has **physical** business address located within the limits of Miami-Dade County from which the vendor operates or performs **business**. Post Office Boxes are not verifiable and shall **not** be used for the purpose of establishing said **physical** address; and
3. a business that **contributes** to the economic development and well-being of Miami-Dade County in a verifiable and measurable way. This **may** include but not be limited to the retention and expansion of employment opportunities and the support and increase **in** the County's tax base. To satisfy this requirement, the **vendor** shall affirm in writing its compliance with either **of** the following objective criteria as of the bid or proposal submission date stated in the solicitation:
 - (a) vendor has at **least** ten (10) permanent full time employees, or **part** time employees equivalent to 10 FTE ("full-time equivalent" employees working 40 hours per week) **that** live in Miami-Dade County, or at least 25% of its employees that live in Miami-Dade County, or
 - (b) vendor **contributes** to the County's tax base by paying either **real** property taxes or **tangible** personal property taxes **to** Miami-Dade County, or
 - (c) some other **verifiable** and measurable contribution to the economic development and well-being of Miami-Dade County.

When there is a responsive bid from a Miami-Dade local business within 10% of the lowest price submitted by a responsive non-local business, the local business and the non-local low bidder shall have the opportunity to submit a best and final bid equal to or lower than the amount of the low bid previously submitted by the non-local business.

At this time, there is an interlocal agreement in effect between Miami-Dade and Broward Counties until September 2007. Therefore, a vendor which meets the requirements of (1), (2) and (3) above for Broward County shall be considered a local business pursuant to this Section.

1.11. CONTINUATION OF WORK

Any work that commences prior to and will extend beyond the expiration date of the current contract period shall, unless terminated by mutual written agreement between the County and the successful Bidder, continue until completion at the same prices, terms and conditions.

1.12. BID PROTEST

- A. A recommendation for contract award or rejection of award may be protested by a Bidder in accordance with the procedures contained in Sections 2-8.3 and 2-8.4 of the County Code, as amended, and as established in Administrative Order No.3-21.
- B. A written intent to protest shall be filed with the Clerk of the Board and mailed to all participants in the competitive process and to the County Attorney within three (3) County work days of the filing of the County Manager's recommendation. This three day period begins on the County work day after the filing of the County Manager's recommendation. Such written intent to protest shall state the particular grounds on which it is based and shall be accompanied by a filing fee as detailed in Para C below.
- C. The written intent to protest shall be accompanied by a non-refundable filing fee, payable to the Clerk of the Board, in accordance with the schedule provided below:

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<u>Award Amount</u>	<u>Filing Fee</u>
\$25,000-\$100,000	\$500
\$100,001-\$500,000	\$1,000
\$500,001-\$5 million	\$3,000
Over \$5 million	\$5,000

The protester shall then file all pertinent documents and supporting evidence with the Clerk of the Board and mail copies to all participants in the competitive process and to the County Attorney within three (3) County work days after the filing of a written intent to protest.

- D.** For award recommendations greater than \$250,000 the following shall apply:
The County's recommendation to award or reject will be immediately communicated (via mail, fax or email) to all participants in the competitive process and filed with the Clerk of the Board.
- E.** For award recommendations from \$25,000 to \$250,000 the following shall apply:
Each County work day, as appropriate, recommendations to award or reject will be posted in the lobby of the Stephen P. Clark Center, located at 111 N.W. 1st Street. Participants may also call the Awards Line at 305-375-4724, or 800-510-4724, or the contact person as identified on the cover page of the Bid Solicitation.

1.13. RULES, REGULATIONS AND LICENSES

The successful Bidder shall comply with all laws and regulations applicable to provide the goods and/or services specified in this Bid Solicitation. The Bidder shall be familiar with all federal, state and local laws that may in affect the goods and/or services offered.

1.14. PACKAGING

Unless otherwise specified in the Special Conditions or Technical Specifications, all containers shall be suitable for shipment and/or storage and comply with Resolution No. 738-92.

1.15. SUBCONTRACTING

Unless otherwise specified in this Bid Solicitation, the successful Bidder shall not subcontract any portion of the work without the prior written consent of the County. The ability to subcontract may be further limited by the Special Conditions. Subcontracting without the prior consent of the County may result in termination of the contract for default. When Subcontracting is allowed the Bidder shall comply with County Resolution No. 1634-93, Section 10-34 of the County Code and County Ordinance No. 97-35.

1.16. ASSIGNMENT

The successful Bidder shall not assign, transfer, hypothecate, or otherwise dispose of this contract, including any rights, title or interest therein, or its power to execute such contract to any person, company or corporation without the prior written consent of the County.

1.17. DELIVERY

Unless otherwise specified in the Bid Solicitation, prices quoted shall be F.O.B. Destination. Freight shall be included in the proposed price.

1.18. RESPONSIBILITY AS EMPLOYER

The employee(s) of the successful Bidder shall be considered to be at all times its employee(s), and not an employee(s) or agent(s) of the County or any of its departments. The successful Bidder shall provide competent and physically employee(s) capable of performing the work as required. The County may require the successful Bidder to remove any employee it deems unacceptable. All employees of the successful Bidder shall wear proper identification.

1.19. INDEMNIFICATION

The successful Bidder shall indemnify and hold harmless the County and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorney's fees and costs of

defense, which the County or its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of the agreement by the successful Bidder or its employees, agents, servants, partners, principals or subcontractors. The successful Bidder shall pay all claims and losses in connection therewith, and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the County, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may be incurred thereon. The successful Bidder expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by the successful Bidder shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County or its officers, employees, agents and instrumentalities as herein provided.

1.20. COLLUSION

Where two (2) or more related parties, as defined herein, each submit a Bid for any contract, such Bids shall be presumed to be collusive. The foregoing presumption may be rebutted by the presentation of evidence as to the extent of ownership, control and management of such related parties in preparation and submittal of such Bids. Related parties shall mean Bidder or the principals thereof which have a direct or indirect ownership interest in another Bidder for the same contract or in which a parent company or the principals thereof of one (1) Bidder have a direct or indirect ownership interest in another Bidder for the same contract. Furthermore, any prior understanding, agreement, or connection between two or more corporations, firms, or persons submitting a bid for the same materials, supplies, services, or equipment shall also be presumed to be collusive. Bids found to be collusive shall be rejected. Bidders who have been found to have engaged in collusion may be considered non-responsible, and may be suspended or debarred, and any contract resulting from collusive Bidding may be terminated for default.

1.21. MODIFICATION OF CONTRACT

The contract may be modified by mutual consent, in writing through the issuance of a modification to the contract, purchase order, change order or award sheet, as appropriate.

1.22. TERMINATION FOR CONVENIENCE

The County, at its sole discretion, reserves the right to terminate this contract without cause upon thirty (30) days written notice. Upon receipt of such notice, the successful Bidder shall not incur any additional costs under this contract. The County shall be liable only for reasonable costs incurred by the successful Bidder prior to notice of termination. The County shall be the sole judge of "reasonable costs."

1.23. TERMINATION FOR DEFAULT

The County reserves the right to terminate this contract, in part or in whole, or place the vendor on probation in the event the successful Bidder fails to perform in accordance with the terms and conditions stated herein. The County further reserves the right to suspend or debar the successful Bidder in accordance with the appropriate County ordinances, resolutions and/or administrative orders. The vendor will be notified by letter of the County's intent to terminate. In the event of termination for default, the County may procure the required goods and/or services from any source and use any method deemed in its best interest. All re-procurement cost shall be borne by the successful Bidder.

1.24. FRAUD AND MISREPRESENTATION

Pursuant to Section 2-8.1.4 of the Miami-Dade County Code, any individual, corporation or other entity that attempts to meet its contractual obligations with the County through fraud, misrepresentation or material misstatement, may be debarred for up to five (5) years. The County as a further sanction may terminate or cancel any other contracts with such individual, corporation or entity. Such individual or entity shall be responsible for all direct or indirect costs associated with termination or cancellation, including attorney's fees.

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1.25. ACCESS TO RECORDS

The County reserves the right to require the Contractor to submit to an audit by Audit and Management Services or other auditor of the County's choosing at the Contractor's expense. The Contractor shall provide access to all of its records, which relate directly or indirectly to this Agreement at its place of business during regular business hours. The Contractor shall retain all records pertaining to this Agreement and upon request make them available to the County for three years following expiration of the Agreement. The Contractor agrees to provide such assistance as may be necessary to facilitate the review or audit by the County to ensure compliance with applicable accounting and financial standards.

1.26 OFFICE OF THE INSPECTOR GENERAL

Miami-Dade County has established the Office of the Inspector General, which is authorized and empowered to review past, present, and proposed County and Public Health Trust programs, contracts, transactions, accounts, records and programs. The Inspector General (IG) has the power to subpoena witnesses, administer oaths, require the production of records and monitor existing projects and programs. The Inspector General may, on a random basis, perform audits on all County contracts. The cost of random audits shall be incorporated into the contract price of all contracts and shall be one quarter (1/4) of one (1) percent of the contract price, except as otherwise provided in Section 2-1076(c)(8) of the County Code.

1.27 PRE-AWARD INSPECTION

The County may conduct a pre-award inspection of the bidder's site or hold a pre-award qualification hearing to determine if the bidder is capable of performing the requirements of this bid solicitation.

1.28 PROPRIETARY/CONFIDENTIAL INFORMATION

Bidders are hereby notified that all information submitted as part of, or in support of bid submittals will be available for public inspection after opening of bids in compliance with Chapter 119 of the Florida Statutes; popularly known as the "Public Record Law." The bidder shall not submit any information in response to this invitation, which the bidder considers to be a trade secret, proprietary or confidential. The submission of any information to the County in connection with this invitation shall be deemed conclusively to be a waiver of any trade secret or other protection, which would otherwise be available to the bidder. In the event that the bidder submits information to the County in violation of this restriction, either inadvertently or intentionally, and clearly identifies that information in the bid as protected or confidential, the County shall endeavor to redact and return that information to the bidder as quickly as possible, and if appropriate, evaluate the balance of the bid. The redaction or return of information pursuant to this clause may render a bid non-responsive.

1.29. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Any person or entity that performs or assists Miami-Dade County with a function or activity involving the use or disclosure of "individually identifiable health information (IIHI) and/or Protected Health Information (PHI) shall comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Miami-Dade County Privacy Standards Administrative Order. HIPAA mandates for privacy, security and electronic transfer standards, that include but are not limited to:

1. Use of information only for performing services required by the contract or as required by law;
2. Use of appropriate safeguards to prevent non-permitted disclosures;
3. Reporting to Miami-Dade County of any non-permitted use or disclosure;
4. Assurances that any agents and subcontractors agree to the same restrictions and conditions that apply to the Bidder/Proposer and reasonable assurances that IIHI/PHI will be held confidential;

5. Making Protected Health Information (PHI) available to the customer;
6. Making PHI available to the customer for review and amendment; and incorporating any amendments requested by the customer;
7. Making PHI available to Miami-Dade County for an accounting of disclosures; and
8. Making internal practices, books and records related to PHI available to Miami-Dade County for compliance audits.

PHI shall maintain its protected status regardless of the form and method of transmission (paper records, and/or electronic transfer of data). The Bidder/ Proposer must give its customers written notice of its privacy information practices including specifically, a description of the types of uses and disclosures that would be made with protected health information.

1.30. CHARTER COUNTY TRANSIT SYSTEM SALES SURTAX

When proceeds from the Charter County Transit System Sales Surtax levied pursuant to Section 29.121 of the Code of Miami-Dade County are used to pay for all or some part of the cost of this contract, no award of a Blanket Purchase Order (BPO) for Transit/Public Works as part of a multi-department contract, nor an award of a contract solely for the use of Transit/Public Works shall be effective and thereby give rise to a contractual relationship with the County for Transit/Public Works purchases unless and until both the following have occurred: 1) the County Commission awards the contract, and such award becomes final (either by expiration of 10 days after such award without veto by the Mayor, or by Commission override of a veto); and, 2) either, i) the Citizens' Independent Transportation Trust (CITT) has approved inclusion of Transit/Public Works in this contract, or, ii) in response to the CITT's disapproval, the County Commission reaffirms Transit/Public Work's inclusion in the contract by two-thirds (2/3) vote of the Commission's membership and such reaffirmation becomes final.

1.31 LOBBYIST CONTINGENCY FEES

A. In accordance with Section 2-11.1(s) of the Code of Miami-Dade County, after May, 16, 2003, no person may, in whole or in part, pay, give or agree to pay or give a contingency fee to another person. No person may, in whole or in part, receive or agree to receive a contingency fee.

B. A contingency fee is a fee, bonus, commission or non-monetary benefit as compensation which is dependant on or in any way contingent upon the passage, defeat, or modification of: 1) any ordinance, resolution, action or decision of the County Commission; 2) any action, decision or recommendation of the County Manager or any County board or committee; or 3) any action, decision or recommendation of any County personnel during the time period of the entire decision-making process regarding such action, decision or recommendation which foreseeably will be heard or reviewed by the County Commission or a County board or committee.

1.32 COMMISSION AUDITOR – ACCESS TO RECORDS

Pursuant to Ordinance No. 03-2, all vendors receiving an award of the contract resulting from this solicitation will grant access to the Commission Auditor to all financial and performance related records, property, and equipment purchased in whole or in part with government funds.

SECTION 2
SPECIAL CONDITIONS

2.1 PURPOSE: TO ESTABLISH A CONTRACT FOR THE COUNTY:

The purpose of this solicitation is to establish a contract for the purchase of Medical Supplies primarily for the Miami-Dade County Fire Rescue Department in conjunction with the County's needs on an as needed when needed basis.

2.2 SMALL BUSINESS CONTRACT MEASURES FOR SOLICITATIONS GREATER THAN \$50,000 (Bid Preference)

A Small Business Enterprise (SBE) bid preference applies to this solicitation.

A 10% percent bid preference shall apply to contracts \$1 million or less and 5% percent on contracts greater than \$1 million. A SBE/Micro Business Enterprise must be certified by the Department of Business Development (DBD) for the type of goods and/or services the Enterprise provides in accordance with the applicable Commodity Code(s) for this solicitation. For certification information, contact the Department of Business Development at 305-375-3111 or access www.miamidade.gov/dbd.

The SBE/Micro Business Enterprise must be certified by bid submission deadline, at contract award and for the duration of the contract to remain eligible for the preference.

2.3 PRE-BID CONFERENCE (RECOMMENDED):

Intentionally Omitted

2.4 TERM OF CONTRACT: TWELVE (12) MONTHS

This contract shall commence on the first calendar day of the month succeeding approval of the contract by the Board of County Commissioners, or designee, unless otherwise stipulated in the Notice of Award Letter which is distributed by the County's Department of Procurement Management, Purchasing Division; and contingent upon the completion and submittal of all required bid documents. The contract shall expire on the last day of the twelve month period.

2.5 OPTION TO RENEW FOR FOUR (4) ADDITIONAL YEAR(S) (With Price Adjustment):

The initial contract prices resultant from this solicitation shall prevail for a one (1) year period from the contract's initial effective date. Prior to, or upon completion, of that initial term, the County shall have the option to renew this contract for an additional four (4) years period on a year-to-year basis. Prior to completion of each exercised contract term, the County may consider an adjustment to price based on manufacturer's price increase.

SECTION 2
SPECIAL CONDITIONS

It is the vendor's responsibility to request any pricing adjustment under this provision. For any adjustment to commence on the first day of any exercised option period, the vendor's request for adjustment should be submitted 90 days prior to expiration of the then current contract term. The vendor adjustment request should not be in excess of the relevant pricing index change. If no adjustment request is received from the vendor, the County will assume that the vendor has agreed that the optional term may be exercised without pricing adjustment. Any adjustment request received after the commencement of a new option period may not be considered.

The County reserves the right to reject any price adjustments submitted by the vendor and/or to not exercise any otherwise available option period based on such price adjustments. Continuation of the contract beyond the initial period, and any option subsequently exercised, is a County prerogative, and not a right of the vendor. This prerogative will be exercised only when such continuation is clearly in the best interest of the County.

Should the vendor decline the County's right to exercise the option period, the County may consider the vendor in default which decision may affect that vendor's eligibility for future contracts.

NOTE: IF MULTIPLE VENDORS ARE INVOLVED UNDER THE GIVEN CONTRACT, ANY OPTIONS TO RENEW WILL BE RESTRICTED TO THE SPECIFIC ITEMS OF WORK INITIALLY AWARDED TO ANY SPECIFIC VENDOR.

2.6 METHOD OF AWARD: To Multiple Vendors By Group

Award of this contract will be made to three (3) lowest priced responsive, responsible vendors on a group-by-group basis. To be considered for award by group, the vendor shall offer prices for all items within a given group. The County will then select the vendors for award for each group by totaling either the unit prices for all of the items within each group, or if so structured, by totaling the extended pricing for each item within each group. If a vendor fails to submit an offer for all items within the group, its offer for that specific group will be rejected. While the award will be made to multiple vendors by group to assure availability, the lowest priced vendor for each group will be given the first opportunity to perform under this contract. If the primary vendor for a group or any item fails to deliver as specified in Section 2, Paragraph 2.17, the County shall seek procurement of the identified goods from the secondary vendor. If the secondary vendor fails to deliver as specified, the County shall seek procurement of the goods from the tertiary vendor.

SECTION 2
SPECIAL CONDITIONS

To be considered for award, bidders must meet the following award criteria:

Award Criteria -

1. Bidders must list at least one (1) large commercial and governmental agencies currently being serviced by the bidder and provide a contact name and phone number for verification.
2. Bidders shall be one of the following:
 - A. A manufacturer – Must provide manufacturer’s price list or verifiable webpage for products.
 - OR
 - B. Distributor – Must submit a letter on manufacturer’s letterhead stating the bidder is an authorized distributor.
 - C. Reseller – Must submit a letter on distributor’s letterhead stating the bidder is an authorized reseller of the distributor.

2.7 PRICES SHALL BE FIXED AND FIRM FOR TERM OF CONTRACT:

If the vendor is awarded a contract under this solicitation, the prices proposed by the vendor shall remain fixed and firm during the term of contract.

2.8 EXAMINATION OF COUNTY FACILITIES AND INSPECTION OF COUNTY EQUIPMENT

Intentionally Omitted

2.9 “EQUAL” PRODUCT CAN BE CONSIDERED UPON RECEIPT OF SPECIFIED DATA

The manufacturer’s name, brand name and/or model number information contained in this solicitation are being used for the sole purpose of establishing the minimum requirement of level of quality, standard of performance, and design and is in no way intended to prohibit the offer of another manufacturer’s items of equal material unless otherwise indicated on the Bid/Proposal Submission Form.

This specific solicitation requires submission of the following documentation to enable County evaluation of “equal” products:

 X : Product Information Sheets

SECTION 2
SPECIAL CONDITIONS

- ☒ : Product Samples with Initial Offer
- ☐ : Product Samples upon Specific Request
- ☐ : Product labels
- ☐ : Performance Test Results

If an “equal” product may be considered by the County in accordance with the Bid/Proposal Submission Form, the unit shall be equal in quality and standards of performance to the item specified in the solicitation. Where an “or equal” item is offered, and product information sheets are required, the initial offer must be accompanied with two (2) complete sets of product information sheets (such as factory specifications, standard manufacturer information sheets, catalogues, and brochures), and if required, two (2) copies of performance test results of the unit offered as an equal.. Also for product information submittals, all supporting documentation submitted by the offeror must in total meet the required specifications set forth in this solicitation. Where the standard product literature submitted with the offer provides information that does not comply with the specifications, the offeror shall state, in an official letter on corporate letterhead as part of their initial offer, the differences between the item they are specifically offering, and the equipment described by the standard product literature, to substantiate compliance to all of the specifications set forth in this solicitation. In such cases, any offer submitted with standard product literature but without the letter explaining compliance will result in the rejection of the offer for not meeting the solicitation specifications.

If samples of all “or equal” items bid are required for evaluation, such items are to be provided at no cost to the County, and should be submitted with the initial offer, or at the time of specific request. Failure to meet this requirement may result in your offer being rejected.

For “equal” products to be evaluated based on submission of product labels, the initial offer should be accompanied with labels indicating the specification and ingredients for each “or equal” item offered. Failure to meet this requirement may result in your offer being rejected.

The County shall be sole judge of equality, based on the best interests of the County, and its decision in this regard shall be final. Items labeled "No Substitute" on the County's Bid/Proposal Submission Form are the only products that will be accepted for those items under this solicitation.

2.10 LIQUIDATED DAMAGES

Intentionally Omitted

2.11 INDEMNIFICATION AND INSURANCE

Intentionally Omitted

SECTION 2
SPECIAL CONDITIONS

2.12 BID GUARANTY

Intentionally Omitted

2.13 PERFORMANCE BOND

Intentionally Omitted

2.14 CERTIFICATIONS

Intentionally Omitted

2.15 METHOD OF PAYMENT: PERIODIC INVOICES FOR COMPLETED PURCHASES

The vendor(s) shall submit an invoice(s) to the County user department(s) after purchase has been completed, whether the specific item(s) were picked up by authorized County personnel or delivered to the site by the vendor. In addition to the general invoice requirements set forth below, the invoices shall reference the corresponding delivery ticket number or packing slip number that was signed by an authorized representative of the County user department at the time the items were delivered and accepted. Submittal of these periodic invoices shall not exceed thirty (30) calendar days from the delivery of the items. Under no circumstances shall the invoices be submitted to the County in advance of the delivery and acceptance of the items.

All invoices shall contain the following basic information:

I. Vendor Information:

- The name of the business organization as specified on the contract between Miami-Dade County and vendor
- Date of invoice
- Invoice number
- Vendor's Federal Identification Number on file with Miami-Dade County

II. County Information:

- Miami-Dade County Release Purchase Order or Small Purchase Order Number

III. Pricing Information:

- Unit price of the goods, services or property provided
- Extended total price of the goods, services or property
- Applicable discounts

SECTION 2
SPECIAL CONDITIONS

IV. Goods or Services Provided per Contract:

- Description
- Quantity

V. Delivery Information:

- Delivery terms set forth within the Miami-Dade County Release Purchase Order
- Location and date of delivery of goods, services or property

VI. Failure to Comply:

Failure to submit invoices in the prescribed manner will delay payment.

2.16 SHIPPING TERMS: F.O.B. DESTINATION

All bidders shall quote prices based on F.O.B. Destination and shall hold title to the goods until such time as they are delivered to, and accepted by, an authorized County representative at various locations in Miami-Dade County.

2.17 DELIVERY SHALL BE TEN (10) DAYS AFTER DATE OF ORDER

The vendor shall make deliveries within ten (10) calendar days after the date of the order. All deliveries shall be made in accordance with good commercial practice and all required delivery timeframes shall be adhered to by the vendor(s); except in such cases where the delivery will be delayed due to acts of God, strikes, or other causes beyond the control of the vendor. In these cases, the vendor shall notify the County of the delays in advance of the original delivery date so that a revised delivery schedule can be appropriately considered by the County.

Should the vendor(s) to whom the contract(s) is awarded fail to deliver in the number of days stated above, the County reserves the right to cancel the order on a default basis after any back order period that has been specified in this contract has lapsed. If the order is so terminated, it is hereby understood and agreed that the County has the authority to purchase the goods elsewhere and to charge the incumbent vendor with any re-procurement costs. If the vendor fails to honor these re-procurement costs, the County may terminate the contract for default.

Certain County employees may be authorized in writing to pick-up materials under this contract. Vendors shall require presentation of this written authorization. The vendor shall maintain a copy of the authorization. If the vendor is in doubt about any aspect of material pick-up, vendor shall contact the appropriate user department to confirm the authorization.

SECTION 2
SPECIAL CONDITIONS

2.18 BACK ORDERS MUST BE FILLED WITHIN TEN (10) CALENDAR DAYS

If the vendor cannot deliver an ordered item in accordance with the scheduled delivery date due to a current existing backorder of that item with the vendor's manufacturer or distributor; the vendor shall insure that such back orders are filled within ten 10 calendar days from the initial scheduled delivery date for the item. The vendor shall send a manufacturer's letter of backorder to the ordering County department within 3 days of order. The vendor shall not invoice the County for back ordered items until such back orders are delivered and accepted by the County's authorized representative. It is understood and agreed that the County may, at its discretion, verbally cancel back orders after the grace period identified in this paragraph has lapsed, seek the items from another vendor, and charge the incumbent vendor under this contract for any directly associated re-procurement costs. If the vendor fails to honor these re-procurement costs, the County may terminate the contract for default.

2.19 WARRANTY REQUIREMENTS

Intentionally Omitted

2.20 CONTACT PERSONS:

For any additional information regarding the terms and conditions of this solicitation and resultant contract, Contact: Theresa (Tessie) Wilson, at (305) 375-5073, email – twilson@miamidade.gov.

2.21 COUNTY USER ACCESS PROGRAM (UAP)

User Access Fee

Pursuant to Miami-Dade County Budget Ordinance No. 03-192, this contract is subject to a user access fee under the County User Access Program (UAP) in the amount of two percent (2%). All sales resulting from this contract, or any contract resulting from this solicitation and the utilization of the County contract price and the terms and conditions identified herein, are subject to the two percent (2%) UAP. This fee applies to all contract usage whether by County Departments or by any other governmental, quasi-governmental or not-for-profit entity.

The vendor providing goods or services under this contract shall invoice the contract price and shall accept as payment thereof the contract price less the 2% UAP as full and complete payment for the goods and/or services specified on the invoice. The County shall retain the 2% UAP for use by the County to help defray the cost of the procurement program. Vendor participation in this invoice reduction portion of the UAP is mandatory.

Joint Purchase

SECTION 2
SPECIAL CONDITIONS

Only those entities that have been approved by the County for participation in the County's Joint Purchase and Entity Revenue Sharing Agreement are eligible to utilize or receive Miami-Dade County contract pricing and terms and conditions. The County will provide to approved entities a UAP Participant Validation Number. The vendor must obtain the participation number from the entity prior to filling any order placed pursuant to this section. Vendor participation in this joint purchase portion of the UAP, however, is voluntary. The vendor shall notify the ordering entity, in writing, within 3 work days of receipt of an order, of a decision to decline the order.

For all ordering entities located outside the geographical boundaries of Miami-Dade County, the successful vendor shall be entitled to ship goods on an "FOB Destination, Prepaid and Charged Back" basis. This allowance shall only be made when expressly authorized by a representative of the ordering entity prior to shipping the goods.

Miami-Dade County shall have no liability to the vendor for the cost of any purchase made by an ordering entity under the UAP and shall not be deemed to be a party thereto. All orders shall be placed directly by the ordering entity with the vendor and shall be paid by the ordering entity less the 2% UAP.

Vendor Compliance

If a vendor fails to comply with this section, that vendor may be considered in default by Miami-Dade County in accordance with Section 1, Paragraph 1.23 of this contract solicitation and the resulting contract.

2.22 COMPLIANCE WITH FEDERAL STANDARDS

All items to be purchased under this contract shall be in accordance with all governmental standards, to include, but not be limited to, those issued by the Occupational Safety and Health Administration (OSHA), the National Institute of Occupational Safety Hazards (NIOSH), and the National Fire Protection Association (NFPA).

2.23 IDENTIFICATION OF EACH ITEM

Each item must be clearly identified on the offer submittal pages(s) as to make, model number, style number, packaging, and case weight, as requested, in order to be eligible for award. Use of terms such as, "As Spec" is unacceptable. Failure to provide this information with the offer may result in rejection of the offer.

2.24 PACKING SLIP/DELIVERY TICKET TO ACCOMPANY ITEMS DURING DELIVERY:

The successful bidder shall enclose a complete packing slip or delivery ticket with any items to be delivered in conjunction with this bid solicitation. The packing slip shall be attached to the shipping carton(s) which contain the items and shall be made available to the County's

SECTION 2
SPECIAL CONDITIONS

authorized representative during delivery. The packing slip or delivery ticket shall include, at a minimum, the following information: purchase order number; date of order; lot number and a complete listing of items being delivered; and back-order quantities and estimated delivery of back-orders if applicable.

**2.25 PURCHASE OF OTHER ITEMS NOT LISTED WITHIN THIS SOLICITATION
BASED ON PRICE QUOTES:**

While the County has listed all major items within this solicitation which are utilized by County departments in conjunction with their operations, there may be similar items that must be purchased by the County during the term of this contract. Under these circumstances, a County representative will contact the primary vendor to obtain a price quote for the similar items. If there are multiple vendors on the contract, the County representative may also obtain price quotes from these vendors. The County reserves the right to award these similar items to the primary contract vendor, another contract vendor based on the lowest price quoted, or to acquire the items through a separate solicitation.

**2.26 SAMPLES OF EACH "EQUAL" ITEM BID SHOULD BE SUBMITTED WITH
PROPOSAL**

Although the Bid lists specific manufacturers and brand names as a standard for product quality, the Bidder is allowed to submit items of equal quality if specified in Section 2.9 of the Special Conditions. In the event that the bidder is proposing an "equal" product(s), the bidder should submit a sample of each "equal" item bid for evaluation. The County reserves the right to request these samples during evaluation. Each individual sample shall be clearly labeled with the bidder's name, bid number, bid title, manufacturer's name and brand name, and style number if applicable. A sample shall not be required for any item that represents the manufacturer and brand name specified in the bid. If the bidder fails to submit the "equal item" samples, properly labeled, with its Bid Proposal, the County may not consider the bidder's proposal for that item(s); provided however, that, in the event of a group or aggregate award, the bidder's proposal may not be eligible for that group or in the aggregate as applicable. All samples shall become the property of Miami-Dade County.

Samples should be sent under a separate cover to Miami-Dade Fire Rescue Department, EMS Division, 9300 NW 41st Street, Miami, Florida 33178, Attention: Lt. Jeff Rouse and Lt. Manny Extramil. Please reference the solicitation number, and each item number. The County reserves the right to request these samples during evaluation. The Miami-Dade Fire Rescue Department, EMS Research & Development Bureau will determine if the items submitted are "Approved Equal", and their decision shall be final.

The County reserves the right to perform its own testing procedures or to send any and all samples to the State of Florida's Department of General Services, Division of Purchasing, Bureau of Standards Laboratory or any other certifiable laboratory for analysis. Any and all costs for testing shall be borne by bidder. On the basis of this testing and analysis, the County shall be the sole judge of the acceptability of the sample in conjunction with the bid

SECTION 2
SPECIAL CONDITIONS

specifications and its decision shall be final. Any sample submitted shall create an express warranty that the whole of the goods and/or services to be provided by the bidder during the contract period shall conform to the sample submitted. The bidder shall be required to provide adequate restitution to the County, in the manner prescribed by the County, if this warranty is violated during the term of the contract.

2.27 SHELF LIFE OF STOCK

The successful bidder(s) shall supply the County with products equal to or greater than 12 months of manufacturer shelf life and shall insure that all items are within this specified shelf life prior to shipment to the County.

2.28 STOCK LEVELS SHALL BE MAINTAINED BY BIDDER

The primary vendor(s) shall ensure that adequate stock levels equivalent to a monthly average based on estimated annual quantities are maintained at its place of business in order to assure the County of prompt delivery. If the delivery terms specified in the Solicitation are not fulfilled by the Bidder, the County reserves the right to cancel the order, purchase the goods elsewhere, and charge the Bidder for any re-procurement costs incurred by the County.

2.29 SUBSTITUTION OF ITEMS DURING TERM OF CONTRACT

Substitute brands or models may be considered during the contract period for discontinued models. The bidder shall not deliver any substitute item as a replacement to an awarded brand or model without express written consent of Department of Procurement Management, Bids & Contracts Division prior to such delivery. Substitute items must be of equal or better quality than the awarded item. Substitutes shall be considered only in emergency situations and excessive substitution requests may be cause to cancel the contract.

SECTION 3
TECHNICAL SPECIFICATION

MEDICAL SUPPLIES FOR MIAMI-DADE FIRE RESCUE

3.1 SCOPE:

The purpose of this Invitation to Bid is to establish a contract for the purchase of Medical Supplies in conjunction with the needs of Miami-Dade County on an as needed when needed basis, and in accordance with all the Terms and Conditions, and Technical Specifications of the bid.

3.2 REQUIREMENTS:

- A. Bidders must meet all specifications and sample requirements contained within this document. If at any time a bidder does not meet a requirement of the specifications, they may be rendered non-responsive.
- B. All specifications listed for individual items must be met at the time of bid submission. If any of these individual specifications are not met, the bidder may be considered non-responsive.
- D. All products submitted must be in the original manufacturers packaging.

SURGICAL BLADES AND GOWNS FOR MEDICAL EXAMINERS OFFICE

3.3 PURCHASE OF SURGICAL BLADES AND GOWNS

- A. Dura Fit shoe cover made from durable, protective Polypropylene, light blue, strong, anti-skid, Baxter A6100-16 or **“Approved Equal”** (200 pair/case).
- B. Fluid Resistant. Surgical Gown, single use latex free non-sterile, blue, open back, Polycoated, White Knight Precept #8572, (15/box, 75/case). **“No Substitute”**
- C. Surgical Gowns, extra large, White Knight Precept #8576 **“No Substitute”** (15/box, 75/case)
- D. Cincinnati Surgical Blades, #60 Carbon Steel, **“No Substitute”**, (100/Box)
- E. Handles for Cincinnati surgical blades #60, 5/box **“No Substitute”**.
- F. Bard-Parker Surgical Blades, #21 Carbon Steel, **“No Substitute”**, (50/Box, 3 boxes/carton).
- G. Handles for Bard-Parker surgical blades #21, 5/box **“No Substitute”**.
- H. Lips haw large section blades, Arbor General Purpose #1002-100, **“No Substitute”**.

SECTION 4
BID SUBMITTAL FORM

Submit Bid To:
CLERK OF THE BOARD
Stephen P. Clark Center
111 NW 1st Street
17th Floor, Suite 202
Miami, Florida 33128-1983

OPENING: 2:00 P.M.
WEDNESDAY
SEPTEMBER 5, 2007



PLEASE QUOTE PRICES F.O.B. DESTINATION, LESS TAXES, DELIVERED IN
 MIAMI-DADE COUNTY, FLORIDA

NOTE: Miami-Dade County is exempt from all taxes (Federal, State, Local). Bid price should be less all taxes. Tax Exemption Certificate furnished upon request.

Issued by:TW	DPM Purchasing Division	Date Issued: 8/09/07	This Bid Submittal Consists of Pages 17 through 57 + Affidavits
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Sealed bids subject to the Terms and Conditions of this Invitation to Bid and the accompanying Bid Submittal. Such other contract provisions, specifications, drawings or other data as are attached or incorporated by reference in the Bid Submittal, will be received at the office of the Clerk of the Board at the address shown above until the above stated time and date, and at that time, publicly opened for furnishing the supplies or services described in the accompanying Bid Submittal Requirement.

MEDICAL SUPPLIES

A Bid Deposit in the amount of N/A of the total amount of the bid shall accompany all bids

A Performance Bond in the amount of N/A of the total amount of the bid will be required upon execution of the contract by the successful bidder and Miami-Dade County

DO NOT WRITE IN THIS SPACE	
ACCEPTED _____	HIGHER THAN LOW _____
NON-RESPONSIVE _____	NON-RESPONSIBLE _____
DATE B.C.C. _____	NO BID _____
ITEM NOS. ACCEPTED _____	
COMMODITY CODE: 475-00; 465-93	
Senior Procurement Contract Agent Theresa Wilson, CPPB	

FIRM NAME: _____

RETURN ONE ORIGINAL AND TWO COPIES OF BID SUBMITTAL PAGES ONLY

**FAILURE TO COMPLETE THE CERTIFICATION REGARDING LOCAL PREFERENCE
 ON PAGE 57 OF SECTION 4, BID SUBMITTAL FORM SHALL RENDER THE VENDOR
 INELIGIBLE FOR LOCAL PREFERENCE**

**FAILURE TO SIGN PAGE 57 OF SECTION 4, BID SUBMITTAL FORM, WILL RENDER
 YOUR BID NON-RESPONSIVE**

Item	Estimated Quantity	Description	Unit Prices	Extended Price
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GROUP #1 OXYGEN DELIVERY / AIRWAY (NO SUBSTITUTE)

1.	100 Each	Oxygen Regulator, FLOTEC TM , for use with on-board M tank, large cylinder connection. FLOTEC RR510-600, (No Substitute)	\$ _____/Ea.	\$ _____
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Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

2.	80 Each	Oxygen Regulator, FLOTEC TM , for use with portable oxygen cylinder, must have flow from 0 1pm to 25 1pm, must have 2 diss outlets and yoke connection. FLOTEC RR830-540P2, (No Substitute) .	\$ _____/Ea.	\$ _____
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Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

3.	5,000 Each	Hudson TM nebulizer, with Tee adapter, mouth piece, 7 ft. oxygen tubing, and corrugated reservoir hose. Hudson #1883, (No Substitute)	\$ _____/Ea.	\$ _____
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Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

4.		RUSCH TM Nasopharyngeal Airways (Robertazzi Style) (No Substitute) . <u>See Sizes Listed Below:</u>		
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Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

A.	200 Each	Nasopharyngeal Airways 12 Fr.	\$ _____/Ea.	\$ _____
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B.	200 Each	Nasopharyngeal Airways 14 Fr.	\$ _____/Ea.	\$ _____
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C.	200 Each	Nasopharyngeal Airways 16 Fr.	\$ _____/Ea.	\$ _____
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D.	200 Each	Nasopharyngeal Airways 18 Fr.	\$ _____/Ea.	\$ _____
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E.	250 Each	Nasopharyngeal Airways 20 Fr.	\$ _____/Ea.	\$ _____
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F.	200 Each	Nasopharyngeal Airways 22 Fr.	\$ _____/Ea.	\$ _____
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Group #1 (Continued)

G.	200 Each	Nasopharyngeal Airways 24 Fr.	\$_____ /Ea. \$_____
H.	250 Each	Nasopharyngeal Airways 26 Fr.	\$_____ /Ea. \$_____
I.	250 Each	Nasopharyngeal Airways 28 Fr.	\$_____ /Ea. \$_____
J.	275 Each	Nasopharyngeal Airways 30 Fr.	\$_____ /Ea. \$_____
K.	300 Each	Nasopharyngeal Airways 32 Fr.	\$_____ /Ea. \$_____
L.	200 Each	Nasopharyngeal Airways 34 Fr.	\$_____ /Ea. \$_____
M.	200 Each	Nasopharyngeal Airways 36 Fr.	\$_____ /Ea. \$_____
Total of Item 4 (A-M)			\$_____

5. MEDOVATIONS Style 1217, Double Lumen Nasal Gastric Sump Tube.
Transparent with X-Ray Opaque Stripe and Sentinel Eye, **(No Substitute)**.
Sizes Listed Below:

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

A.	100 Each	10 French	\$_____ /Ea. \$_____
B.	120 Each	12 French	\$_____ /Ea. \$_____
C.	100 Each	14 French	\$_____ /Ea. \$_____
D.	150 Each	16 French	\$_____ /Ea. \$_____
Total of Item 5 (A-D)			\$_____

6. 500 Each NeoTech Meconium Aspirator #0100101\$_____ /Ea.\$_____
(No Substitute)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

Group #1 (Continued)

7. 2,500 Each HUDSON™ # 1103 Adult Nasal Cannula \$_____/Ea. \$_____
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

8. 500 Each HUDSON™ #1826 Pediatric Nasal Cannula \$_____/Ea \$_____
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

9. 12000 Each RUSCH™ #395497 Non-Rebreather Infant Oxygen Mask with tubing. \$_____/Ea. \$_____
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

10. 2,000 Each HUDSON™ #1085 Pediatric Aerosol Mask \$_____/Ea. \$_____
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

11. 30600 Each HUDSON™ #1059 Non-rebreather Mask \$_____/Ea. \$_____
with 7 Ft. Oxygen Supply, Adult Tubing and Reservoir Bag. (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #1 (Continued)

12. 15050 Each HUDSON™ #1058 Non-rebreather Mask, \$_____/Ea. \$_____
with 7 Ft. Oxygen Supply, Pediatric Tubing
and Reservoir Bag. **(No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

13. 6,000 Each HUDSON™ #1083 Mask, Aerosol, Adult \$_____/Ea. \$_____
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

14. 700 Each BEMIS™ #484410 Disposable Suction \$_____/Ea. \$_____
Container, 1200cc, Must be Compatible with Impact
Suction Unit Model #321K. **(No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

15. 160 Each SUN-MED™ Laryngoscope Handle, Adult \$_____/Ea. \$_____
5-0327-03 Medium Chrome Plated
Brass 2”C”. (This item must not
have a removable pivot pin. The pivot point
for the attachment of the blade, must be
an integral part of the handle). **(No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #1 (Continued)

16. 100 Each SUN-MED™ Laryngoscope Handle, \$_____/Ea. \$_____
5-0237-01 Penlite Chrome Plated
Brass 2"AA" Pediatric. (This item must
not have a removable pivot pin.
The pivot point for the attachment of the
blade, must be an integral part of the handle).
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

17. 1,000 Each V-VAC ® Adapter Tips #985002 \$_____/Ea. \$_____
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

18. 1,000 Each V-VAC ® Catheter Replacements #985004 \$_____/Ea. \$_____
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

19. 100 Each V-VAC™ Hand Powered Suction Unit \$_____/Ea. \$_____
#985000 **(No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

20. 425 Each V-VAC™ Hand Powered Suction Unit, \$_____/Ea. \$_____
Disposable Canister #985001. **(No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #1 (ITEMS 1 THRU 20) \$_____

GROUP #2 OXYGEN DELIVERY/AIRWAY (NO SUBSTITUTE)

21. 125 Each Beck Airway Airflow Monitor, (BAAM™) \$_____/Ea. \$_____
(No Substitute)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
22. 2,000 Each Endotracheal Tube Securing Device \$_____/Ea. \$_____
THOMAS™ ET HOLDER, Adult #500ETH
(No Substitute)

Manufacturer: Laerdal
Model No.: 600-02001
Standard Package Quantity: 100 per pack
23. 500 Each Endotracheal Tube Securing Device \$_____/Ea. \$_____
THOMAS™ ET HOLDER, Pedi #400ETH
(No Substitute)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
24. 400 Each AMBU TUBE CHECK-B® Esophageal \$_____/Ea. \$_____
Intubation Detector Ref # 000172002
(No Substitute)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
25. 3,590 Each AMBU SPUR™ Disposable Bag-Valve \$_____/Ea. \$_____
Mask, Adult. (Must meet all State of Florida
HRS Requirements for Bag Valve Masks.)
#420211000B **(No Substitute)**

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

Group #2 (Continued)

26. 720 Each AMBU SPUR™ Disposable Bag-Valve Mask, Child. (Must meet all State of Florida HRS Requirements for Bag Valve Masks.) #430213000B **(No Substitute)** \$_____/Ea. \$_____

Manufacturer: _____
 Model No.: _____
 Standard Package Quantity: _____

27. SLICK SET® ET Tube & Stylette Set . The 15mm adapter **must not** be removable. **(No Substitute)**
 Sizes listed below (A-K):

Manufacturer: _____
 Model No.: _____
 27 A-K Standard Package Quantity: _____

- | | | | |
|----|------------|------------------------|---------------------|
| A. | 250 Each | 2.5mm | \$_____/Ea. \$_____ |
| B. | 300 Each | 3.0mm | \$_____/Ea. \$_____ |
| C. | 250 Each | 3.5mm | \$_____/Ea. \$_____ |
| D. | 250 Each | 4.0mm | \$_____/Ea. \$_____ |
| E. | 200 Each | 4.5mm | \$_____/Ea. \$_____ |
| F. | 250 Each | 5.0mm | \$_____/Ea. \$_____ |
| G. | 500 Each | 6.0mm (Must be Cuffed) | \$_____/Ea. \$_____ |
| H. | 1,500 Each | 7.0mm (Must be Cuffed) | \$_____/Ea. \$_____ |
| I. | 1,800 Each | 8.0mm (Must be Cuffed) | \$_____/Ea. \$_____ |
| J. | 500 Each | 9.0mm (Must be Cuffed) | \$_____/Ea. \$_____ |

Total Item 27 (A-J) \$_____

Group #2 (Continued)

28. 2,000 Each WESTMED® #312 Pediatric Dragon Mask **(No Substitute)** \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #2 (ITEMS 21 THRU 28) \$_____

GROUP #3 SPHYGMOMANOMETERS / STETHESCOPE (NO SUBSTITUTE)

29. 4000 Each ADC™ Sphygmomanometer, MUST BE NYLON Blood Pressure Apparatus, Complete Adult Cuff ADC #775 Series, **(No Substitute)** \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

30. 1600 Each ADC™ Sphygmomanometer, MUST BE NYLON Blood Pressure Apparatus, Complete Child Cuff, ADC #775C, **(No Substitute)** \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

31. 300 Each ADC™ Sphygmomanometer, MUST BE NYLON Blood Pressure Apparatus, Complete Infant Cuff, ADC #775I, **(No Substitute)** \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #3 (Continued)

32. 200 Each ADC TM Sphygmomanometer, MUST BE \$_____/Ea. \$_____
NYLON Blood Pressure Apparatus, Complete
Thigh Cuff, ADC #760T, **(No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

33. 2000 Each ADC PROSCOPE #670 TM Stethoscope, \$_____/Ea. \$_____
Dual Head, Adult, **Black, (No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

34. 150 Each ADC PROSCOPE #675 TM Stethoscope, \$_____/Ea. \$_____
Dual-head, Pediatric, **Black (No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #3 (ITEMS 29 THRU 34) \$_____**GROUP #4 MISCELLANEOUS SUPPLIES**

35. 100 Each Oxygen Hand Wheel, Rubber Grip \$_____/Ea. _____
with Chain or **“Approved Equal”**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

36. 125 Each Ring Cutter with blade, Stainless Steel \$_____/Ea. \$_____
or **“Approved Equal”**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #4 (Continued)

37. 300 Each Ring Cutter Replacement Blades \$_____/Ea. \$_____
(For use with Item # 36)
or **“Approved Equal”**
- Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
38. 12,000 Each Penlight, Disposable \$_____/Ea. \$_____
or **“Approved Equal”**
- Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
39. 200 Each Forcep, Magill, Pedi., Stainless Steel \$_____/Ea. \$_____
or **“Approved Equal”**
- Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
40. 240 Each Tweezers, Stainless Steel \$_____/Ea. \$_____
or **“Approved Equal”**
- Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
41. 340 Each Scissor, Bandage, 5-1/2” Stainless Steel \$_____/Ea. \$_____
or **“Approved Equal”**
- Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
42. 300 Each Forcep, Magill, Adult, Stainless Steel \$_____/Ea. \$_____
or **“Approved Equal”**
- Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

Group #4 (Continued)

43. 8,000 Each Paramedic, Rescue Boot Shear \$_____/Ea. \$_____
or **“Approved Equal”**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #4 (ITEMS 35 THRU 43) \$_____

GROUP #5 MISCELLANEOUS SUPPLIES

44. 100 Each Bed Pan, Plastic \$_____/Ea. \$_____
or **“Approved Equal”**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

45. 11,000 Each Disposable Arm Boards, Padded 3” x 9” \$_____/Ea. \$_____
or **“Approved Equal”**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

46. 12,000 Each Disposable Arm Boards, Padded 3” x 18” \$_____/Ea. \$_____
or **“Approved Equal”**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

47. 1,200 Each Tongue Depressor, Wood, Individually \$_____/Ea. \$_____
Wrapped, Sterile or **“Approved Equal”**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #5 (Continued)

48. 300 Each Bulb Ear Syringe 3oz. for irrigation or **“Approved Equal”** \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

49. 9,000 Each Applicator, Cotton Tipped, Wood, Sterile, 2 per pack or **“Approved Equal”** \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

50. 8,000 Each BECTON DICKINSON™ Scalpel #21, Sterile. **(No Substitute)** \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

51. 20,000 Each HYSYNAL Non-Sterile Latex Free Tourniquets, 100/Roll, **(No Substitute)** \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #5 (ITEMS 44 THRU 51) \$_____

GROUP #6 MISCELLANEOUS SUPPLIES

52. 4,710 Boxes Alcohol Preps, DYNAREX™ #1104 100/Box, or **Approved Equal.** \$_____/Box \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #6 (Continued)

53. 8,000 Each Bandage, Kling, Sterile.3"x 4 yards, \$_____/Ea. \$_____
DYNAREX™ #3113 Must be Individually Wrapped.
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

54. 8,000 Each Bandage, Kling, Sterile, 6"x 4yards \$_____/Ea. \$_____
DYNAREX™ #3116 Must be Individually Wrapped.
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

55. 1,420 Boxes Adhesive Bandage Plastic Strips, 1" x 3", \$_____/Box \$_____
CURAD™, 40/Box, **(No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

56. 2,210 Cases TETRA™ Cold Pack, Disposable, 24/Case \$_____/Case \$_____
Model No. 1731-00 **(No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

57. 1,201 Cases Gauze, Non-Sterile, 4"x 4", 200/Pack \$_____/Case \$_____
20 Packs/Case, KENDALL™ #25568-Ply,
or **Approved Equal.**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #6 (Continued)

58. 1,450 Boxes DYNAREX™ #3653 Elastic Bandage, 3" \$_____/Box \$_____
Must be Individually Wrapped. 10/Box
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

59. 350 Each DYNAREX™# 4901 Obstetrical Kit, \$_____/Ea. \$_____
Disposable, (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

60. 2,050 Boxes Elastic Bandage, 6", DYNAREX™ #3656 \$_____/Box \$_____
Must be Individually Wrapped. (No Substitute)
Qty/Box: 50/Box

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

61. 300 Each Dressing, Gauze, 3" x 9", KENDALL \$_____/Ea. \$_____
VASELINE™ #8884423600, or **Approved Equal.**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

62. 750 Each Dressing, Sterile, KENDALL™ #7196, \$_____/Ea. \$_____
5" x 9", Abdominal Pad, or **Approved Equal.**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #6 (Continued)

63. 800 Each Eye Pad, Oval, 1-5/8" X 2-5/8", \$_____/Ea. \$_____
KENDALL CURITY™ #2841, or **Approved Equal.**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

64. 3,000 Each Povidone/Iodine 1% Ointment, 3gm, \$_____/Ea. \$_____
CLINIPAD™, Individual Foil Packaging.
or **Approved Equal.**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

65. 1,050 Each Povidone/Iodine 1% Solution, 8oz. bottle \$_____/Ea. \$_____
CLINIPAD™, or **Approved Equal.**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

66. 8,200 Each Triangular Bandage, KENDALL CURITY \$_____/Ea. \$_____
#6286, or **Approved Equal.**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

67. 900 Boxes TYLENOL™ Non-Aspirin Tablets, \$_____/Box \$_____
2 / Pack Individually Wrapped.
Acetaminophen 500mg, 100 Packs per Box,
or **Approved Equal.**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #6 (Continued)

68. 2,400 Each Isopropyl Alcohol, 70%, ½ Pint, MEDIC BRAND™ Plastic Bottle each being properly labeled. or **Approved Equal.** \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

69. 5,020 Each Hydrogen Peroxide, 1/2 Pint, MEDIC BRAND™ Plastic Bottle each being properly labeled or **Approved Equal.** \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

70. 150 Each AD-TEMP™ Thermometer, Digital Fahrenheit, or **Approved Equal.** \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

71. 300 Packs AD-TEMP™ Digital Thermometer, Disposable Covers or **Approved Equal.** \$_____/Pack \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

72. 2,210 Packs Ammonia Inhalants, 10 per package or **Approved Equal.** \$_____/Pack \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #6 (Continued)

73. 2,002 Dozen GKR #1000/7000 Convenience Bag, for vomit or urine, cardboard mouth, 1000cc capacity with inner seal to prevent leaks even if dropped. or **Approved Equal**. \$_____/Dozen \$_____

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

74. 1,560 Each GAM Industries™ Multi-Trauma Dressing, Sterile, Size 12" x 10", Individually Packaged. (**No Substitute**) \$_____/Ea. \$_____

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

75. 2,500 Each Kendall™ Yankauer suction tip catheter, or **Approved Equal**. \$_____/Ea. \$_____

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

76. 2,000 Each 5ml Normal Saline (0.09% Sodium) for Inhalation or **Approved Equal**. \$_____/Ea. \$_____

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

77. 600 Each KENDALL ARGYLE™ #8888302703 Suction Connecting Tubing, 9/32" I.D. or **Approved Equal** \$_____/Ea. \$_____

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

Group #6 (Continued)

78. GRATCO™ Oral Pharyngeal Airways or **Approved Equal**.
Sized Listed Below (**A –F**):

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

- | | | | |
|----|-----------|-------------------------------|-----------------------|
| A. | 1000 Each | Oral Pharyngeal Airways 100mm | \$ _____/Ea. \$ _____ |
| B. | 1000 Each | Oral Pharyngeal Airways 90mm | \$ _____/Ea. \$ _____ |
| C. | 700 Each | Oral Pharyngeal Airways 80mm | \$ _____/Ea. \$ _____ |
| D. | 400 Each | Oral Pharyngeal Airways 60mm | \$ _____/Ea. \$ _____ |
| E. | 400 Each | Oral Pharyngeal Airways 50mm | \$ _____/Ea. \$ _____ |
| F. | 400 Each | Oral Pharyngeal Airways 40mm | \$ _____/Ea. \$ _____ |

Total Item 78 (A-F) \$ _____

TOTAL GROUP #6 (ITEMS 52 THRU 78) \$ _____

GROUP #7 MISCELLANEOUS SUPPLIES (NO SUBSTITUTE)

79. 600 Each MORGAN LENS® (**No Substitute**) \$ _____/Ea. \$ _____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

GROUP #8 MISCELLANEOUS SUPPLIES (NO SUBSTITUTE)

80. 5,000 Each DYNAREX GALLANT™ #4251 \$_____/Ea. \$_____
Disposable Medical Prep Razors, for EKG
Hair Removal. Must be capable of shaving dry.
(No Substitute)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
81. 2,050 Boxes Adhesive Tape, 2" 3M BRAND \$_____/Box \$_____
TRANSPORE™ **(No Substitute)**
Qty/Box: 12/Box
Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
82. 2,000 Boxes VENI-GARD® Adult IV Securing Device. \$_____/Box \$_____
100/Box, 500/Case **(No Substitute)**

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
83. 20,050 Each Disposable Needle Bottle, P2™ SHARP \$_____/Ea. \$_____
SHUTTLE. **(No Substitute)**

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
84. 1,000 Each POSEY® Patient Limb Holder (Restraint). \$_____/Ea. \$_____
(No Substitute)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

Group #8 (Continued)

85. 2,500 Boxes Fire Rescue Airborne Pathogen Particulate \$_____/Box \$_____
Filter Mask, Technol PFR 95, Model No.
PFR 95-270 Regular Size: 35 Per Box
((No Substitute))

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

86. 1,000 Each Vacutainer LUER ® Adapters Multi-sample. \$_____/Ea. \$_____
Becton Dickinson #367290 (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

87. 5,000 Each SURGILUBE™ 3gm, Individual Foil \$_____/Ea. \$_____
Packaging, NDC#0168-0205-43
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #8 (ITEMS 80 THRU 87) \$_____

GROUP #9 SYRINGES AND NEEDLES

88. 600 Each MONOJECT™ #8881560141, 60cc \$_____/Ea. \$_____
Syringe without Needle, Catheter Tip
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #9 (Continued)

89. 8,000 Each MONOJECT™ #8881512746, 12cc Syringe with Needle, w/21g x 1.5 (No Substitute) \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

90. 2,000 Each TERUMO™ # 3SS-10S, 10cc Syringe without Needle, Catheter Tip, with graduations up to 12cc, 600/Box, or **Approved Equal** \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

91. 6,000 Each MONOJECT™ #1513256, 3cc Syringe with Needle 22g x 5/8" (No Substitute) \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

92. 6,000 Each MONOJECT™ #8881501368, 1cc Syringe, \$_____/Ea. \$_____ Tuberculin, **1mL 27 X 1/2"** with Removable Needle. **Yellow (No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

93. 2,000 Each MONOJECT™ # 8881535762, 35cc Syringe without Needle, LUERER™ Lock Tip (No Substitute) \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #9 (Continued)

94. 20 Boxes MONOJECT VACUTAINER™, \$_____/Box \$_____
#8881301512, Red Top, 7ml, 100/Box. **(No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

95. 20 Boxes MONOJECT VACUTAINER™, \$_____/Box \$_____
#8881352580, Gray Top, 7ml, 100/Box. **(No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

96. 10 Boxes MONOJECT VACUTAINER™, \$_____/Box \$_____
#8881311545, Lavender Top, 7ml, 100/Box.
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #9 (ITEMS 88 THRU 96) \$_____

GROUP #10 SYRINGES AND NEEDLES (MEDICAL EXAMINER)

97. 24,000 Each MONOJECT VACUTAINER™, \$_____/Ea. \$_____
Gray Top, 10ml., or “**Approved equal**” (For Medical Examiner).
Vials must be Gray Top and hold 10 milliliters
and must be vacuum sealed

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #10 (Continued)

98. 12,000 Each VACUTAINER™ Red Top, 10ml., \$_____/Ea. \$_____
or “**Approved equal**” (For Medical Examiner)
Vial must be Red Top and hold 10 milliliters
and must be vacuum sealed

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #10 (ITEMS 97 & 98) \$_____**GROUP #11 SAFETY CATHETERS (NO SUBSTITUTE)**

99. 10 Cases INTROCAN SAFETY® 14G X 2” \$_____/Case \$_____
(Straight) (**No Substitute**) #4252594
Qty/Case: 200/Case

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

100. 10 Cases INTROCAN SAFETY® 16G X 2” \$_____/Case \$_____
(Straight) (**No Substitute**) #4252578
Qty/Case: 200/Case

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

101. 200 Cases INTROCAN SAFETY® 18G X 1.25” \$_____/Case \$_____
(Straight) (**No Substitute**) #4252560
Qty/Case: 200/Case

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #11 (Continued)

102. 45 Cases INTROCAN SAFETY IV Catheter 16G X 1.25”\$_____/Case \$_____
Braun Model # 4252586 (Straight) (No Substitute)
200/Case

Manufacturer: _____
Model: _____
Standard Package Quantity: _____
103. 200 Cases INTROCAN SAFETY ® 20G X 1.25” \$_____/Case \$_____
(Straight) **(No Substitute) #4252535**
Qty/Case: 200/Case

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
104. 20 Cases INTROCAN SAFETY ® 22G X 1” \$_____/Case \$_____
(Straight) **(No Substitute) #4252519**
Qty/Case: 200/Case

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
105. 8 Cases INTROCAN SAFETY ® 24G X 0.75” \$_____/Case \$_____
(Straight) **(No Substitute) #4252500**
Qty/Case: 200/Case

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
106. 8 Cases BECTON DICKINSON ® 14G x 3.25” \$_____/Case \$_____
ANGIOCATH ® **(No Substitute) #382268**
Qty/Case: 200/Case

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

Group #11 (Continued)

107. 25 Cases INTROCAN SAFETY IV Catheter 14G X 1.25”\$_____/Case \$_____
Braun Model # 4251890 Straight (No Substitute)
Qty/Case: 200/Case

Manufacturer: _____
Model: _____
Standard Package Quantity

TOTAL GROUP #11 (ITEMS 99 THRU 107) \$_____

GROUP #12 INTRAOSSEOUS NEEDLE (NO SUBSTITUTE)

108. 300 Each COOK ® Intraosseous Needle, 16G \$_____/Ea. \$_____
Non-threaded Tip (**No Substitute**)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

GROUP #13 B.I.G. BONE INJECTION GUN (NO SUBSTITUTE)

109. 200 Each **B.I.G.™** Bone Injection Gun, Disposable \$_____/Ea \$_____
Automatic Intraosseous Injector with a 15G
Trocarr/Luer Lock Needle, ADULT. (**No Substitute**)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

Group #13 (Continued)

110. 300 Each **B.I.G.™ Bone Injection Gun, Disposable** \$_____/Ea. \$_____
Automatic Intraosseous Injector with a 18G
Trocar/Luer Lock Needle and adjustable dial
depth penetration for pediatrics from 0 to 6 years old.
PEDIATRIC. (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #13 (ITEMS 109 & 110) \$_____

GROUP #14 BURN CARE (NO SUBSTITUTE)

111. 1,500 Each **WATER GEL®, 4" x 16",** \$_____/Ea. \$_____
#0416-28 (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

112. 750 Each **WATER GEL® Face Mask, 12"x16"** \$_____/Ea. \$_____
#1216-20 (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

113. 350 Each **WATER GEL® Blanket 5'x 6'** \$_____/Ea. \$_____
#P7260-04, 1 Each / Pouch. (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #14 (ITEMS 111 THRU 113) \$_____

GROUP #15 CPR REPLACEMENT PARTS AND EQUIPMENT (NO SUBSTITUTE)

114. 25 Each LAERDAL™ BABY ANNE™ \$_____/Ea. \$_____
Replacement Faces (**No Substitute**)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
115. 25 Each LAERDAL™ LITTLE ANNE™ \$_____/Ea. \$_____
Replacement Faces (**No Substitute**)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
116. 1000 Each LAERDAL BABY ANNE™ \$_____/Ea. \$_____
Replacement Airways (**No Substitute**)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
117. 100 Each LAERDAL LITTLE ANNE™ \$_____/Ea. \$_____
Replacement Airways (**No Substitute**)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
118. 2 Each LAERDAL Megacode Kelly VitalSim™ \$_____/Ea. \$_____
Advanced Complete #200-00001 Patient Simulator.
(**No Substitute**)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

Group #15 (Continued)

119. 2 Each LAERDAL Megacode Kid VitalSim™ \$_____/Ea. \$_____
NT Standard Manikin Only No Trainer
#231-05001 (**No Substitute**)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

120. 4 Each LAERDAL Advance Airway Management \$_____/Ea. \$_____
Trainer™ #260-10001 (**No Substitute**)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

121. 4 Each LAERDAL Pediatric Intubation Trainer™ \$_____/Ea. \$_____
#255-00001 (**No Substitute**)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #15 (ITEMS 114 THRU 121) \$_____

**GROUP #16 DISPOSABLE LARYNGOSCOPE “LITE” BLADES (NO
SUBSTITUTE)**

122. 200 Each Rusch Disposable Laryngoscope “Lite” \$_____/Ea. \$_____
Blades Miller O (**No Substitute**)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

123. 200 Each Rusch Disposable Laryngoscope “Lite” \$_____/Ea. \$_____
Blades Miller 1 (**No Substitute**)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #16 (Continued)

124. 500 Each Rusch Disposable Laryngoscope "Lite"
Blades Miller 2 (**No Substitute**) \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

125. 500 Each Rusch Disposable Laryngoscope "Lite"
Blades Miller 3 (**No Substitute**) \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

126. 500 Each Rusch Disposable Laryngoscope "Lite"
Blades MacIntosh 2 (**No Substitute**) \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

127. 500 Each Rusch Disposable Laryngoscope "Lite"
Blades MacIntosh 3 (**No Substitute**) \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

128. 500 Each Rusch Disposable Laryngoscope "Lite"
Blades MacIntosh 4 (**No Substitute**) \$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #16 (ITEMS 122 THRU 128) \$_____

GROUP #17 DISPOSABLE BLANKETS (NO SUBSTITUTE)

129. 4,392 Each Disposable Blankets, Protect-A-Med
Yellow, No. EB100-50 (**No Substitute**) \$_____/Ea. \$_____

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

GROUP #18 SNAKE BITE KIT (NO SUBSTITUTE)

130. 50 Each Sawyer Snake Bite Kit, Complete with \$_____/Ea. \$_____
case (**No Substitute**)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

GROUP #19 SPLINTS AND MISC. (NO SUBSTITUTE)

131. 40 Each Ferno™ Adult Hare Traction Splint \$_____/Ea. \$_____
444 (**No Substitute**)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

132. 40 Each Ferno™ Pedi Pac #78 (**No Substitute**) \$_____/Ea. \$_____
78

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

133. 40 Each Ferno™ Vacuum Splint Kit complete, \$_____/Ea. \$_____
AS190 (**No Substitute**)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

134. 60 Each Ferno™ Traction Splint Case # **039-0216** \$_____/Ea. \$_____
(**No Substitute**)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

Group #19 (Continued)

135. 50 Each Ferno™ Traction Splint, Leg Strap Set of 4 \$_____/Ea. \$_____
#’s 039-0209, 039-0210, 039-0211, 039-0212
(No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

136. 70 Each Ferno™ Traction Splint, Adult Ankle Strap \$_____/Ea. \$_____
Replacement. #039-0215, (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

137. 70 Each Ferno™ Traction Splint, Thigh Strap \$_____/Ea. \$_____
Replacement #039-0207 (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

138. 25 Each Ferno™ KED #125 (No Substitute) \$_____/Ea. \$_____
\$_____/Ea. \$_____

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

139 30ea Ferno AS 100 Vacuum Splint, \$_____/Ea \$_____
Size: Small #4991332 (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Packaging Quantity: _____

140 30ea Ferno AS 120 Vacuum Splint, \$_____/Ea \$_____
Size: Medium #4995552 (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #19 (Continued)

- 141 30ea Ferno AS 140 Vacuum Splint, \$_____/Ea \$_____
 Size: Small #4996945 **(No Substitute)**
- Manufacturer: _____
 Model No.: _____
 Standard Package Quantity: _____
- 142 30ea Pump for Vacuum Splint **(No Substitute)** \$_____/Ea \$_____

 Manufacturer: _____
 Model No.: _____
 Standard Package Quantity: _____
143. 1,000 Each SpeedSplint™ #M-100 by Armstrong \$_____/Ea. \$_____
 (No Substitute)
- Manufacturer: _____
 Model No.: _____
 Standard Package Quantity: _____
144. 1,000 Each Mettag™ Triage Tags, MT-137 \$_____/Ea. \$_____
 (No Substitute)
- Manufacturer: _____
 Model No.: _____
 Standard Package Quantity: _____
145. 60 Each Sager® Emergency Form III Bilateral \$_____/Ea. \$_____
 Traction Splint, Model S304, **(No Substitute)**
- Manufacturer: _____
 Model No.: _____
 Standard Package Quantity: _____

TOTAL GROUP #19 (ITEMS 131 THRU 145) \$_____

GROUP #20 STIFNECK™ CERVICAL COLLARS (NO SUBSTITUTE)

146. LAERDAL StifNeck™ Cervical Extrication Collar, Model# 9800 Series,
(No Substitute). Sizes listed below (A-F):

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

- | | | | |
|----|-------------|--------------|-----------------------|
| A. | 940 Each | Tall | \$ _____/Ea. \$ _____ |
| B. | 1,740 Each | Short | \$ _____/Ea. \$ _____ |
| C. | 940 Each | Regular | \$ _____/Ea. \$ _____ |
| D. | 1,240 Each | Pediatric | \$ _____/Ea. \$ _____ |
| E. | 12,540 Each | No-Neck | \$ _____/Ea. \$ _____ |
| F. | 740 Each | Baby No-Neck | \$ _____/Ea. \$ _____ |

Total Item 147 (A-F) \$ _____

147. 100 Each LAERDAL StifNeck™ Collar Case for use \$ _____/Ea. \$ _____
with Items 152A–F (Above) No Substitute

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

148. 5,000 Each Headbed™ #982001 Head Immobilization \$ _____/Ea. \$ _____
Device, By Laerdal. **(No Substitute)**

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #20 (ITEMS 146 THRU 148) \$ _____

GROUP # 21 DISPOSABLE ARM SLEEVES (NO SUBSTITUTE)

149. 10,000 Each Disposable Arm Sleeves, \$_____/Ea. \$_____
Allegiance #9403N, (No Substitute)
- Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____
-

GROUP # 22 REYNOLDS MEDICAL IMMOBILIZER (NO SUBSTITUTE)

150. 3,000 Each RID Reynolds Head Immobilization Device™Adult #006 Orange in color. \$_____/Ea. \$_____
(No Substitute)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

151. 1,500 Each RID Reynolds Head Immobilization Device™ Pediatric #005, Orange in color. \$_____/Ea. \$_____
(No Substitute)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

TOTAL GROUP #22 (ITEMS 150 & 151) \$_____

GROUP #23

- 152 500 Each Arterial Blood Gas Syringe, 3cc Pulsator, \$_____/Ea \$_____
Cat #4036 "Sims Portex Inc."
Contains (1) Syringe, (1) Filter Pro,
(1) Cube, (No Substitute)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

GROUP # 24 AMSINO SUCTION CATHETER (NO SUBSTITUTE)

153. 1000 Each Amsino Suction Catheter, 8 French, \$_____/Ea \$_____
50/Case, (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

154. 1000 Each Amsino Suction Catheter, 10 French, \$_____/Ea \$_____
50/Case, (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

155. 1000 Each Amsino Suction Catheter, 12 French, \$_____/Ea \$_____
50/Case, (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

156. 1000 Each Amsino Suction Catheter, 14 French, \$_____/Ea \$_____
50/Case, (No Substitute)

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

TOTAL GROUP #24 (ITEMS 153 THRU 156) \$_____

GROUP #25 WELCH ALLYN

157 100 Each **Manufacturer: Welch Allyn®**
Model No: 01690-200 \$_____/Ea \$_____
SureTemp® Plus 690 Electronic Thermometer,
Oral Probe with Oral Probe Well

Manufacturer: _____

Model No.: _____

Standard Package Quantity: _____

Group #25 (Continued)

158 50,000 Each **Manufacturer: Welch Allyn**
Model No: 05031-101 \$_____/Ea \$_____
Thermometry Probe Covers Sure Temp®
Disposable Probe Covers (1,000 covers)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

TOTAL GROUP #25 (157 & 158) \$_____

GROUP #26 – IRON DUCK TRAUMA BAGS

159. 150 Each **Manufacturer: Iron Duck**
Model No: 36001 SN \$_____/Ea \$_____
BLS Trauma Bag, Iron Duck Trauma Standard
Navy (**NO SUBSTITUTE**)

Manufacturer: _____
Model No.: _____
Standard Package Quantity: _____

GROUP #27 – SURGICAL GOWNS

160. 30 Cases Durafit Shoe Cover, Baxter A6100-16,\$_____/Cs \$_____
Light Blue (200 Pair/Case) or **“Approved Equal”**

Manufacturer: _____
Model/Style No.: _____
Standard Package Quantity: _____

161. 60 Cases Surgical Gowns, Precept #8572 \$____Cs. \$_____
Large, Blue (15/Box, 5 boxes/Case) **“No Substitute”**

Manufacturer: _____
Model/Style No.: _____
Standard Package Quantity: _____

Group #27 (Continued)

162. 5 Cases Surgical Gowns, extra large, \$_____/Cs. \$_____
White Knight Precept #8576
(15/Box, 5 boxes/Case), **“No Substitute”**

Manufacturer: _____

Model/Style No.: _____

Standard Package Quantity: _____

TOTAL GROUP #27 (160 & 162) \$_____

GROUP #28 – CINCINNATI SURGICAL BLADES

163. 150 Boxes Cincinnati Surgical Blades #60 \$_____/Box\$_____
Carbon Steel (100/Box)
“No Substitute”

Manufacturer: _____

Model/Style No.: _____

Standard Package Quantity: _____

164. 2 Boxes Handles for #60 Cincinnati Surgical Blade \$_____/Box \$_____
(5/Box) **“No Substitute”**

Manufacturer: _____

Model/Style No.: _____

Standard Package Quantity: _____

TOTAL GROUP #28 (163 & 164) \$_____

GROUP #29 – BARD-PARKER SURGICAL BLADES

165. 120 Boxes Bard-Parker Surgical Blades #21 Carbon \$_____/Box\$_____
Steel (100/Box), or **“Approved equal”**
Blades must be #21

Manufacturer: _____

Model/Style No.: _____

Standard Package Quantity: _____

Group #29 (Continued)

166. 2 Boxes Handles for Bard-Parker \$_____/Box\$_____
 Surgical Blades #21
 (5/Box), **“Approved equal”**
 Handle must fit the blades

Manufacturer: _____

Model/Style No.: _____

Standard Package Quantity: _____

TOTAL GROUP #29 (165 & 166) \$_____

Award Criteria:

1. List at least one (1) large commercial or Governmental agencies currently being serviced:

_____	_____	_____
Company Name	Contact Person	Phone Number
_____	_____	_____
Company Name	Contact Person	Phone Number

2. A. If you are a manufacturer, please provide your price list or verifiable webpage for products.
- B. Distributor, please attach signed manufacturer’s letter of authorization on manufacturer’s letterhead
- C. Reseller, please attach signed distributor’s letter of authorization on distributor’s letterhead.

SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES
ACKNOWLEDGEMENT OF ADDENDA

INSTRUCTIONS: COMPLETE PART I OR PART II, WHICHEVER APPLIES

PART I:

LIST BELOW ARE THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN
CONNECTION WITH THIS BID

Addendum #1, Dated _____

Addendum #2, Dated _____

Addendum #3, Dated _____

Addendum #4, Dated _____

Addendum #5, Dated _____

Addendum #6, Dated _____

Addendum #7, Dated _____

Addendum #8, Dated _____

PART II:

☐ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS BID

FIRM NAME: _____

AUTHORIZED SIGNATURE: _____ **DATE:** _____

TITLE OF OFFICER: _____



BID SUBMITTAL FORM

Bid Title: Medical Supplies

By signing this Bid Submittal Form the Bidder certifies that it satisfies all legal requirements (as an entity) to do business with the County, including all Conflict of Interest and Code of Ethics provisions in Section 2-11 of the Miami-Dade County Code. Any County employee or member of his or her immediate family seeking to contract with the County shall seek a conflict of interest opinion from the Miami-Dade County Ethics Commission prior to submittal of a Bid response or application of any type to contract with the County by the employee or his or her immediate family and file a copy of that request for opinion and any opinion or waiver from the Board of County Commissioners with the Clerk of the Board. The affected employee shall file with the Clerk of the Board a statement in a form satisfactory to the Clerk disclosing the employee's interest or the interest of his or her immediate family in the proposed contract and the nature of the intended contract at the same time as or before submitting a Bid, response, or application of any type to contract with the County. Also a copy of the request for a conflict of interest opinion from the Ethics Commission and any corresponding opinion, or any waiver issued by the Board of County Commissioners, must be submitted with the response to the solicitation.

In accordance with Sec. 2-11.1(s) of the County Code as amended, prior to conducting any lobbying **regarding this solicitation, the Bidder must file the appropriate form with the Clerk of the Board stating that a particular lobbyist is authorized to represent the Bidder.** Failure to file the appropriate form in relation to each solicitation may be considered as evidence that the Bidder is not a responsible contractor.

The Bidder confirms that this Bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid for the same goods and/or services and in all respects is without collusion, and that the Bidder will accept any resultant award. Further, the undersigned acknowledges that award of a contract is contingent upon vendor registration. Failure to register as a vendor within the specified time may result in your firm not being considered for award.

Pursuant to Miami-Dade County Ordinance 94-34, any individual, corporation, partnership, joint venture or other legal entity having an officer, director, or executive who has been convicted of a felony during the past ten (10) years shall disclose this information prior to entering into a contract with or receiving funding from the County.

☐ **Place a check mark here only if bidder has such conviction to disclose to comply with this requirement.**

COUNTY USER ACCESS PROGRAM (UAP): Joint purchase and entity revenue sharing program

For the County's information, the bidder is requested to indicate, at 'A' and 'B' below, its general interest in participating in the Joint Purchase Program of the County User Access Program (UAP) described in Section 2.21 of this contract solicitation, if that section is present in this solicitation document. Vendor participation in the Joint Purchase portion of the UAP is **voluntary**, and the bidder's expression of general interest at 'A' and 'B' below is for the County's information only and **shall not be binding** on the bidder.

A. If awarded this County contract, would you be interest in participating in the Joint Purchase portion of the UAP with respect to other governmental, quasi-governmental or not-for-profit entities located **within** the geographical boundaries of Miami-Dade County?

Yes _____ No _____
and

B. If awarded this County contract, would you be interested in participating in the Joint Purchase portion of the UAP with respect to other governmental, quasi-governmental or not-for-profit entities located **outside** the geographical boundaries of Miami-Dade County?

Yes _____ No _____

LOCAL PREFERENCE CERTIFICATION: The responding vendor hereby attests, **by checking one of the following blocks**, that it is ☐, or is not ☐, a local business. For the purpose of this certification, a "local business" is a business located within the limits of Miami-Dade County (or Broward County in accordance with the Interlocal Agreement between the two counties) that conforms with the provisions of Section 1.10 of the General Terms and Conditions of this solicitation and contributes to the economic development of the community in a verifiable and measurable way. This may include, but not be limited to, the retention and expansion of employment opportunities and the support and increase to the County's tax base. **Failure to complete this certification at this time (by checking the appropriate box above) shall render the vendor ineligible for Local Preference.**

Firm Name: _____

Street Address: _____

Mailing Address (if different): _____

Telephone No. _____

Fax No. _____

Email Address: _____

FEIN No. ____/____/____/____/____/____/____/____

Prompt Payment Terms: ____% ____ days net ____ days
(Please see paragraph 1.2 H of General Terms and Conditions)

****"By signing this document the bidder agrees to all Terms and Conditions of this Solicitation and the resulting Contract"***

Signature: _____
(Signature of authorized agent)

Print Name: _____ Title: _____

Failure to sign this page shall render your Bid non-responsive.



APPENDIX

AFFIDAVITS

FORMAL BIDS

MIAMI-DADE COUNTY BID AFFIDAVITS**▪ DISABILITY NONDISCRIMINATION AFFIDAVIT
(Resolution R-385-95)**

I, being duly first sworn, state that this firm, corporation, or organization is in compliance with and agrees to continue to comply with, and assure that any subcontractor, or third party contractor under this contract complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

The Americans with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. Sections 225 and 611 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Rehabilitation Act of 1973, 29 U.S.C. Section 794

The Federal Transit Act, as amended 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

**▪ MIAMI-DADE COUNTY DEBARMENT DISCLOSURE AFFIDAVIT
(Ordinance 93-129) See Section 1 (1.3H)**

I, being duly first sworn, upon oath deposes and says that the bidder of this contract or his agents, officers, principals, stockholders, subcontractors or their affiliates are not debarred by Miami-Dade County.

**▪ MIAMI-DADE COUNTY COLLECTION OF TAXES,
FEES AND PARKING TICKETS AFFIDAVIT
(Ordinance 95-178) Section 1 (1.3 E)**

I, being first duly sworn state that in compliance with the procedures contained in Section 2-8.1(c) of the Code of Miami-Dade County, and as amended by Ordinance 95-178, this firm hereby certifies that the foregoing statements are true and correct.

That all delinquent and currently due fees or taxes (including, but not limited to, real and personal property taxes, convention and tourist development taxes, utility taxes, and occupational license taxes) collected in the normal course by the Miami-Dade County Tax Collector and County issued parking tickets for vehicles registered in the name of the above firm, have been paid.

**▪ AFFIDAVIT RELATING TO INDIVIDUALS AND ENTITIES
ATTESTING BEING CURRENT IN THEIR OBLIGATIONS TO
MIAMI-DADE COUNTY (Ordinance 99-162) See Section 1 (1.3 N)**

I, being first duly sworn state that in compliance with County Ordinance 99-162, the bidder is not in arrears in any payment under a contract, promissory note or other loan document with the County, or any of its agencies or instrumentalities, including the Public Health Trust (hereinafter referred to as "County"), either directly or indirectly through a firm, corporation, partnership or joint venture in which the individual or entity has a controlling financial interest as that term is defined in Section 2-11.1(b)(8) of the County Code.

▪ **MIAMI-DADE COUNTY DOMESTIC VIOLENCE LEAVE
AFFIDAVIT (Ordinance 99-5 & Resolution R-185-00)**

That in compliance with Ordinance No 99-5, Resolution No. R-185-00 and the Code of Miami-Dade County, Florida, the following information is provided and is in compliance with all items in the aforementioned legislation. As an employer having, in the regular course of business, fifty (50) or more employees working in Miami-Dade County for each working day during each of twenty (20) or more calendar work weeks in the current or preceding calendar year, do hereby certify to be in compliance with the Domestic Leave Ordinance, codified at 11A-60 et. Seq., of the Miami-Dade-County Code, and that the obligation to provide domestic violence leave to employees shall be a contractual obligation.

**BY SIGNING AND NOTARIZING THIS PAGE YOU ARE ATTESTING
TO AFFIDAVITS ON PAGES 1 AND 2**

MIAMI-DADE COUNTY AFFIDAVITS SIGNATURE PAGE

By: _____ 20 ____
Signature of Affiant Date

Printed Name of Affiant and Title

Federal Employer Identification Number

Printed Name of Firm

Address of Firm

SUBSCRIBED AND SWORN TO (or affirmed) before me this _____ day of _____, 20____

He/She is personally known to me or has presented _____ as identification.
Type of identification

Signature of Notary

Serial Number

Print or Stamp Name of Notary

Expiration Date

Notary Public – State of _____

Notary Seal

LIVING WAGE AFFIDAVIT
(County Ordinance 99-44)

I, being first duly sworn hereby state and certify that in compliance with Section 2-8.9 of the Miami-Dade County Code, by accepting award of this contract, the bidder or proposer agrees to pay the living wage required by County Ordinance 99-44 to all employees assigned to this contract. The bidder or proposer further understands that the current living wage applied to this contract is \$9.81 per hour plus health benefits as described in the ordinance, or \$11.23 per hour without health benefits. The Living Wage required by Ordinance 99-44 is subject to indexing as set-forth in Section "C" (Indexing).

By: _____ 20____
Signature of Affiant Date

Printed Name of Affiant and Title

_____/_____-____/____/____/____/____/_____
Federal Employer Identification Number

Printed Name of Firm

Address of Firm

SUBSCRIBED AND SWORN TO (or affirmed) before me this _____ day of _____, 20____

He/She is personally known to me or has presented _____ as identification.
Type of identification

Signature of Notary

Serial Number

Print or Stamp Name of Notary

Expiration Date

Notary Public – State of _____

AFFIRMATIVE ACTION PLAN/PROCUREMENT POLICY AFFIDAVIT
(Code of Miami-Dade County Section 2-8.1.5) (Ordinance No. 98-30)

I, being duly first sworn, hereby state that the bidder of this contract:

- ☐ has a current Affirmative Action Plan and Procurement Policy, as required by Section 2-8.1.5 of the Code of Miami-Dade County, processed and approved for filing with the Miami-Dade County Department of Business Development (DBD) under the file No. _____ and _____ the expiration date of _____.
- ☐ had annual gross revenues in excess of \$5,000,000.00 for the previous year and does not have a current Affirmative Action Plan and Procurement Policy as required by Section 2-8.1.5 of the Code of Miami-Dade County, processed and approved for filing with the Miami-Dade County DBD. I will contact DBD at 305-375-3111 regarding this requirement.
- ☐ had annual gross revenues less than \$5,000,000.00 for the previous year; therefore Section 2-8.1.5 of the Code of Miami-Dade County is not applicable. However, I will contact DBD at 305-375-3111 in order to submit the required affidavit and exemption request.

Witness: _____ Signature _____ Signature _____

Witness: _____ Signature _____ By: _____ Legal Name and Title _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

FOR AN INDIVIDUAL ACTING IN HIS OWN RIGHT:

By: _____

FOR A CORPORATION, PARTNERSHIP OR JOINT VENTURE:

By: _____ having the title of _____

with _____.

☐ a _____ corporation ☐ partnership ☐ joint venture

PLEASE NOTE:

Section 2-10.4(4)(a) of the Code of Miami-Dade County (Ordinance No. 82-37) requires that all properly licensed architectural, engineering, landscape architectural, and land surveyors have an affirmative action plan on file with the County.

Section 2-8.1.5 of the Code of Miami-Dade County requires that firms that have annual gross revenues in excess of five (5) million dollars have an affirmative action plan and procurement policy on file with the County. Firms that have a Board of Directors that are representative of the population make-up of the nation may be exempt.

For questions regarding these requirements, please contact the Miami-Dade County Department of Business Development at 305-375-3111.

CODE OF BUSINESS ETHICS

Code of Miami-Dade County Section 2-8.1(i)

I, being duly sworn, hereby state and certify that this firm has adopted a Code of Business Ethics that is fully compliant with the requirements of Section 2-8.1(i) of the Code of Miami-Dade County as amended. I further acknowledge that failure to comply with the adopted Code of Business Ethics shall render any contract with Miami-Dade County voidable, and subject this firm to debarment from County work pursuant to Section 10-38(h)(2) of the Code of Miami-Dade County as amended. I further acknowledge that failure to submit this affidavit shall render this firm ineligible for contract award.

By: _____ 20 ____

Signature of Affiant

Date

Printed Name of Affiant and Title____/____/____-____/____/____/____/____/_____
Federal Employer Identification Number_____
Printed Name of Firm_____
Address of Firm**SUBSCRIBED AND SWORN TO** (or affirmed) before me this _____ day of _____, 20 ____He/She is personally known to me or has presented _____ as identification.
Type of identification_____
Signature of Notary_____
Serial Number_____
Print or Stamp Name of Notary_____
Expiration Date

Notary Public – State of _____

Notary Seal

FAIR SUBCONTRACTING PRACTICES

(Ordinance 97-35)

In compliance with Miami-Dade County Ordinance 97-35, the Bidder shall submit with the bid proposal a detailed statement of its policies and procedures (use separate sheet if necessary) for awarding subcontractors in accordance with Section 1, Paragraph 1.15

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

☐ NO SUBCONTRACTORS WILL BE UTILIZED FOR THIS CONTRACT

Signature

Date _____

SUBCONTRACTOR/SUPPLIER LISTING
(Ordinance 97-104)

Firm Name of Prime Contractor/Respondent: _____

Bid No.: _____ Title: _____

This form, or a comparable listing meeting the requirements of Ordinance No. 97-104 MUST be completed, signed and submitted by all bidders and respondents on County contracts for purchases of supplies, materials or services, including professional services which involve expenditures of \$100,000 or more, and all bidders and respondents on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more. A bidder or respondent who is awarded the contract shall not change or substitute first tier subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified, except upon written approval of the County.

This form, or a comparable listing meeting the requirements of Ordinance No. 97-104, MUST be completed, signed and submitted even though the bidder or proposer will not utilize subcontractors or suppliers on the contract. The bidder or proposer should enter the word "NONE" under the appropriate heading of sub form 100 in those instances where no subcontractors or suppliers will be used on the contract.

Business Name and Address of First Tier Subcontractor/Subconsultant	Principal Owner	Scope of Work to be Performed by Subcontractor/Subconsultant	(Principal Owner)	
			Gender	Race
Business Name and Address of Direct Supplier	Principal Owner	Supplies/Materials/Services to be Provided by Supplier	(Principal Owner)	
			Gender	Race

I certify that the representations contained in this Subcontractor/Supplier Listing are to the best of my knowledge true and accurate

Prime Contractor/Respondent's Signature _____ Print Name _____ Print Title _____ Date _____
(Duplicate if additional space is needed) FORM 100

NAME		
ADDRESS		
CITY	STATE	ZIP
SIGNATURE	TITLE	